of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07925
1. PLACE OF DEATH	(183)
County Baltimore	Registration Dist. No. 35
Village or City monkston, had	NoSt.,Ward
Length of residence in city or town where death occurredyrsemos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Walliam Raymone	als.
(a) Residence: No. montating Ind	Ct Wood
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	220 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Inle 27 1934 to ang 1 1934
6. DATE OF BIRTH (month, day, and year) Jan. 3 1884	Mast sawh Imm alive on ang 1 1, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 10 P.m.
46 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	g 1 f
SAWYER, BOOKKEEPER, etc	Systema Julys
10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (months and year) 11. Total time (years) spant in this occupation life.	
12. BIRTHPLACE (city or town) Administration (State or country)	Other Coutributory Causes of Importance:
	Jyuns July 2
13. NAME 4 of almony 14. BIRTHPLACE (city or town) - hourselbe	Name of according
(State or country) I taylord Co Ind	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah Cloyd	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah dloyd 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT MIS IX C. almong (Address) Montpeters had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place West Liverity Date Clay 4 , 193 4	Nature of injury
19. UNDERTAKER P. markluser for (Address) while I fall and	24. Was disease or injury in any way related to occupation of deceased?
20. FILET lug 3 , 1934 M. Bothur Mr W. Registrar	(Signed) Mhy Bothur M. D. (Address) While Hall Ind.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago 1 week ago
Run over by street car	
	1 mook ago
	I week ada
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH

2. FULL NAME (a) Residence:

3. SEX)

Length of residence in city or town where death occurred

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

L Y.	(Male White OR DIVORCED (wrige the word)	(Month)
MANEN ACT assifted	5a. If married, widowed, or divorced HUSBAND of Cecelia Barcic rusia	22. JHEREBY CEF
SX2	6. DATE OF BIRTH (month, day, and year) Jan 3, 1874	I fast saw hom olive on any
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a The PRINCIPAL CAUSE OF DEATH end rel- were es follows:
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, Truck farmer SAWYER, BOOKKEEPER, etc.	Nemiplegia
kK—T) should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month end	(cerstral
0 th [6]	10. Oate deceased last worked at this occupation (month end year) spent in this occupation.	
NFADING ID oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) Paland	Other Contributory Causes of importance:
FAD ied. ns, s	(State or country)	Cortino Del
sul in t	13. NAME Clay cius Barcikowski 14. BIRTHPLACE (city or town) (State or country)	Name of operation
Y, WITH carefully H in plai	15. MAIOEN NAME Mary Churzewska 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL
	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? 200
A B O	17. INFORMANT (Leelia Barcikouski (Address) Morth D+ R	(Speci Specify whether injury occurred in INOUST
E SI SI	18. BURIAL, CREMATION, OR REMOVAL Place of Stamplace Date aug 13, 1934	Manner of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER John M Weber	24. Was disease or injury in any way related
B (F)	(Address) Balle G. Nuclemaiseur	If so, specify (Signed)
ż	20. FILEDOCLIC G T E., 1934 T.S. Registrar.	(Address) Ppo
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07926
altmin	820
with Point Road.	Registration Dist. No. No. St., Ward
n city or town where death occurredyrsmo	
Joseph Waren	owski
(Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH aug // (Day) (Year)
divorced Barciscovsa	22. I HEREBY CERTIFY, That I attended deceased from 199, 1934, to cluster 199, 1934
day, and year) Jan 3, 1874	I fast saw h_m_ olive on ang 10, 1934; death is said
Months Days If LESS than 1 day,hrs.	ware as follows:
r particular ne, as SPINNER, Truck farmer KEEPER, etc.	Date of onset
ss in which as SILK MILL, IK, etc.	(cerstral Hemonhage)
worked at (month end spant in this occupation	
wn) Paland	Other Contributory Causes of importance:
cius Barcikowski	Cortino Delevos's
	Name of available — Date of
y) Voland	Name of operation Date of What test confirmed diagnosis? West here an autopsy? Date of
Mary Chuczewska	23. If death was due to external causes (VIOLENCE) fill in also the following:
or town) Poland	Accident, suicide, or homicide? 0ate of injury, 19
elia Barcikowski	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
R REMOYAL COM any 13, 1934	Manner of injury
hu M Weber	24. Was disease or injury in any way related to occupation of deceased?
3 alto G.M. Comienco	
Registrar.	(Address) Afformation

U. S. No. z.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

OCCUPA.

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

LION

Trade, profession, or particular

12. BIRTHPLACE (city or town). (State or country)

15. MAIOEN NAME

(State or country)

(State or country)

13. NAME

19. UNDERTAKER (Address)

Should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_Baltimore Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, day, and year) Months **Oays** If LESS than to have occurred on the date stated above. 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance

or____min.

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ 14. BIRTHPLACE (city or town). Name of operation. What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?_____ Date of injury_____ 19 Where did injury occur? Records -- Personal History (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Eudaweod Sanatorium. Towson. Manner of injury Nature of injury_ 24. Was disease or injury in any way related to occupation of deceesed? If so, specify Towson. Md. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Dat of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

If more blanks are meded, address Space Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Yaar)

Date of onset

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

SIAIE OF	MARYLAND—	CERTIFICATE OF DEATH 079	30
County Paltinsons	×	Registration Dist. No. 37	
Village or City Lutherit	le	No. St.	Ward
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and numb sds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Harria	andelle n	114	
(a) Residence: No.	30 Jan	St., Ward.	
(a) Residence, No.	(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Funde White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sungale	0	22 I HEREBY CERTIFY, That I attended dece	ased from
(or) wire or zeroug	7	Aug 12 1934 to aug 19	1934
6. DATE OF BIRTH (month, day, and year)	154 1874	I last saw h / affive on Aug / 1934; de	ath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 m.	
60 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, MARKED SAWYER, BOOKKEEPER, etc.	lener.	f f f	
		Ceserral nemontage	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	omon		
- Lina occupation (month and	11. Total time (years) spent in this		
yeer)	occupetion	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) 3000 (State or country)	ne-60		
	3 orblin	Affinancian 1	
I Manager	band,	Name of countries	
14. BIRTHPLACE (city or town) (State or country)	4	Name of operation	
15. MAIDEN NAME CANNUE Y	ill	23. If death was due to external causes (VIOLENCE) fill in also the following:	Sy:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Battern (State or country)	nore bo.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Carrie G. Bo- (Address)	blity	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	1 . Kat	Manner of injury	
Place le arroll lann, D	ate argust 21, 1934	Nature of injury	
19 UNDERTAKER John Burn	sons	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Towson, 1	rd.	If so, specify 4	
20. FILED aug. 20, 1934 Willis	in J. Chilcon	(Signed) May Sayler Med	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AFO R 105A	1915	Attack of epilepsy	1 week aga	
Chranic interstitial nephritis		1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	BUDEAU V.S.	July 5,1927	Peritonitis	3 days aga	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
DEATH				

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- 1	Ŋ.	-/	U)	3	н	
- 6	н	6	47	1.	ж.	

1. PLACE	OF DEATH			(23)	1331	
County	Baltimore			Registration Dist. No. 3	2	
Village or City_Mt. Wilson				Mt. Wilson Branch Mo. 31 No. Tuberculosis Sanatoriumst, Ward		
Length of re	esidence in city or town where	death occurred	2yrs,O_mo	If death occurred in a hospital or institution, give its NAME instead of street an s. O ds. How long in U. S. if of foreign birth?yrs	January and	
2. FULL N	AME Reba	Braunst	ein			
(a) Reside	ence: No. 3739	Park He	eights Ave	St., Ward. Baltimore, Md If nonresident give city or town a	nd State	
	NAL AND STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH		
s. sex Female	4. COLOR OR RACE White	OR DIVORC	RRIED, WIDOWED, ED (write the word) O I'C ed	21. DATE OF DEATH August 30th	1934	
5a. If married, wido HUSBAND of (or) WIFE of	owed, or divorced Samu	el Brau		22. I HEREBY CERTIFY. That I attended	(Year)	
& DATE OF BIRTH	(month, day, and year) Ser	tember	18 1801	August 30th, 1932 to August 3	20_, 1934	
	ears Months	Days	If LESS than	to have occurred on the data stated above, a 10.20 P. m	k_; death is said	
4	2 11	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, prof	ession, or particular		ormin.	were as follows:	Date of onset	
SAWYE	work dona, as SPINNER, R, BOOKKEEPER, etc	House	work	Pulmonary tuberculosis	June	
9. Industry or work w	business In which as done, as SILK MILL, ILL, BANK, etc	at hor	ne.		1931	
11 10 Date doors	sed last worked at upation (month and 192	11. Total	tima (years) Un- ent in this cupation Known			
12. BIRTHPLACE (d	city or town) Baltim	ore	supation 16110 etc.	Other Contributory Causes of importance:		
(State or cou	, , , , , , ,			Laryngeal tuberculosis	May	
13. NAME	Henry Weinb	-			1932	
4. BIRTHPLAC	L (city of town)	nown		Name of operation No operation Date of		
1				What test confirmed diagnosis? X-Tay and was there and	au'opsy?_NQ_	
=	TINIE			23. In death was due to extendir causes (VIOLENCE) mi in and the following	•	
State o	r country) Russ			Accident, suicide, or homicida? Data of injury Where did injury occur?	, 19	
17. INFORMANT (Address)	Touis R Let	luerhor	y-	(Specify city or town, county and St Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.	
	TION OR REMOVAL	ul 8-3	1-34,19	Manner of Injury		
19. UNDERTAKER Pack Sews (Address) 14 3 9 E Saftymout St			ul st	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED TO	31 ,1931£ 71	. 001	Registrar.	(Addyss) Mt. Wilson, Md.	M. D.	
20. FILE SUGGEST 1934 TO MASE Registrar.				(Signed) John A. Sineth	No 	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago DE THE STATE Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

5a If married, wildowed, or divorced HUSBAND of Or) WiFe of Or) Wi		Spec.—1-30—M. & T250 Bks	STATE OF MARYLAND
1. PLACE OF DEATH Closed the control of the control	f infor ld stat CUPA	HEALTH DEPARTMENT	U7932
1. PLACE OF DEATH Closed the control of the control	000		
a hospital or institution, give its NAME instead of street and number.) 10 PRINTIPLACE City or town [15] 11 BIRTHPLACE City or town [15] 12 PRINTIPLACE City or town [15] 13 PRINTIPLACE City or town [15] 14 PRINTIPLACE City or town [15] 15 PRINTIPLACE City or town [15] 16 PRINTIPLACE City or town [15] 16 PRINTIPLACE City or town [15] 17 PRINTIPLACE City or town [15] 18 PRINTIPLACE City or town [15] 19 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 11 BIRTHPLACE City or town [15] 12 PRINTIPLACE City or town [15] 13 PRINTIPLACE City or town [15] 14 PRINTIPLACE City or town [15] 15 PRINTIPLACE City or town [15] 16 PRINTIPLACE City or town [15] 17 PRINTIPLACE City or town [15] 18 PRINTIPLACE City or town [15] 19 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 11 BIRTHPLACE City or town [15] 12 PRINTIPLACE City or town [15] 13 PRINTIPLACE City or town [15] 14 PRINTIPLACE City or town [15] 15 PRINTIPLACE City or town [15] 16 PRINTIPLACE City or town [15] 17 PRINTIPLACE City or town [15] 18 PRINTIPLACE City or town [15] 19 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 11 BIRTHPLACE City or town [15] 12 PRINTIPLACE City or town [15] 13 PRINTIPLACE City or town [15] 14 PRINTIPLACE City or town [15] 15 PRINTIPLACE City or town [15] 16 PRINTIPLACE City or town [15] 17 PRINTIPLACE City or town [15] 18 PRINTIPLACE City or town [15] 19 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 10 PRINTIPLACE City or town [15] 11 BIRTHPLACE City or town [15] 12 PRINTIPLACE City or town [15] 13 PRINTIPLACE City or town [15] 14 PRI	of st	1-PLACE OF DEATH Elegalith aue,	
2-FULL NAME Continue Continue	N T N	1 Doichetic	a hospital os institu-
2. FULL NAME TO PRIVATE NO. MARD (i) RESIDENCE NO. Maried Act Decision of Control (if son-resident dive city or town and State) (i) Maried piace of abodic) Langh of rasidence in city or lown sand State) (ii) Maried (iii) round piace of abodic) Langh of rasidence in city or lown sand State) (iii) Maried (iii) round piace of abodic) Langh of rasidence in city or lown sand State) (iii) Maried (iii) round piace of abodic) Langh of rasidence in city or lown sand State) (iii) Maried (iii) round piace of abodic) Langh of rasidence in city or lown sand State) (iii) Maried (iii) round piace of abodic) Langh of rasidence in city or lown sand State) (iii) Maried (iii) round piace of abodic) Langh of rasidence in city or lown sand State) (iv) Maried (iii) round sand State) (iii) Maried (iii) round piace of abodic) (iv) Maried (iii) round state) (iv) Maried (iii) round state)	Eve ZIA	GIFF BALTIMORE NO	tion, give its NAME
Usual place of shode) Comparison of the personal and state of shode) Comparison of the personal and state of state of state of the personal and state of state of state of the personal and state of the personal		2-FULL NAME Henry Breeze	
Usual place of shode) Comparison of the personal and state of shode) Comparison of the personal and state of state of state of the personal and state of state of state of the personal and state of the personal	# 1	Werenson No See Select and Day	election HIS Ball Co. Nex.
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word) 10 LULEL 11 HEREBY CERTIFY, That I briended decessed from Married, widowed, or divorced HUSBAND of (10) WIFE of 10)		(Usual place of abode)	
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word) What is a seried with the word of Divorced, (write the word) What is a seried with the word of Divorced, (write the word) Sa II married, wildowed, or divorced (19 January) Sa III married, wildowed, or divorced (19 January) Sa II married, wildowed, or divorced (19 January) Sa I	NA XX	Length of residence in city or town where death occurred yrs. mos.	
The Read of Contribution of Exercised Market States of Contribution of Contrib	E PERS		MEDICAL CERTIFICATE OF DEATH
See Husseld Wildowed, or divorced Husseld Areas States and Nature of Industry. The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was	S A E		16 DATE OF DEATH (month, day, and year) and G-1934
The CAUSE OF DEATH* was as follows: AGE	EXEX Class	In white married	
The CAUSE OF DEATH* was as follows: AGE	Cat Cat	5a If married, widowed, or divorced	June 19 34 to ang 6, 19 34
The CAUSE OF DEATH* was as follows: AGE	P PE	(or) WIFE of 12	Othat I last saw he walive on aug 5 , 1934
7 AGE Years Months Days It /LESS then I day, hes. or min. 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (d) Contributory (e) Name of employer (f) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (d) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (d) Trade, profession or particular kind of work (d) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (d) Trade, profession or particular kind of work (d) Trade, profession or particular kind of work (s) Business, or establishment in which employed (or employer) (d) Trade, profession or particular kind of work (s) Business, or establishment in which employed (or employer) (d) Trade, profession or particular kind of work (s) Business, or establishment in which employed (or employer) (d) Trade, profession or particular kind of work (s) Business, or establishment in which employed (or employer) (c) Name of employer (d) Trade, profession or particular kind of work (s) Was there an autopay? (Signed)	0.0	1000	2 1.30
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(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (duration) (duration) (Secondary) (duration) (Secondary) (Secondary) (Secondary) (Secondary) (Substance of country) (Substance of country) (State or country) (S	00		
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business, or establishment in (Secondary) (c) Name of employer (duration) (duration) (state or country) (State or	G tto		(dyration)yrsmosds.
9 BIRTHPLACE (city or town) 10 NAME OF FATHER ** 11 BIRTHPLACE OF FATHER (city or town) 12 MAIDEN NAME OF MOTHER (city or town) 13 BIRTHPLACE OF MOTHER (city or town) 14 Informant. (State or country) 15 Filed ** 16 Where was disease contracted for the place of death? (State or country) 18 Where was disease contracted for not at place of death? (Did an operation precede death? (State or country) 10 NAME OF FATHER ** 11 BIRTHPLACE OF FATHER (city or town) (Signed) 12 MAIDEN NAME OF MOTHER (city or town) (Signed) 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 Informant. (State or country) 15 Filed ** 16 NAME OF FATHER ** 17 Output Did an operation precede death? (May Did an operation precede death? (Signed) Was there an autopsy? (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State or country) ** State the Disease Causing Death, or in deaths from Violent Causes state (I) Means and Nature of Injury, and (2) whether Accidental Sulcidal, or Homicidal. (See reverse side for additional space.) 14 Informant. (Address) 15 Filed ** 16 NOVAL CREMATION OR RE- DATE OF BURIAL OR OF BURIAL ADDRESS 20 UNDERTAKER ADDRESS	DIN ed. s, s	business, or establishment in	
9 BIRTHPLACE (city or town) 10 NAME OF FATHER ** 11 BIRTHPLACE OF FATHER (city or town) 12 MAIDEN NAME OF MOTHER (city or town) 13 BIRTHPLACE OF MOTHER (city or town) 14 Informant. (State or country) 15 Filed ** 16 Where was disease contracted for the place of death? (State or country) 18 Where was disease contracted for not at place of death? (Did an operation precede death? (State or country) 10 NAME OF FATHER ** 11 BIRTHPLACE OF FATHER (city or town) (Signed) 12 MAIDEN NAME OF MOTHER (city or town) (Signed) 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 Informant. (State or country) 15 Filed ** 16 NAME OF FATHER ** 17 Output Did an operation precede death? (May Did an operation precede death? (Signed) Was there an autopsy? (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State or country) ** State the Disease Causing Death, or in deaths from Violent Causes state (I) Means and Nature of Injury, and (2) whether Accidental Sulcidal, or Homicidal. (See reverse side for additional space.) 14 Informant. (Address) 15 Filed ** 16 NOVAL CREMATION OR RE- DATE OF BURIAL OR OF BURIAL ADDRESS 20 UNDERTAKER ADDRESS	FA.		(Secondary)yrsmosds.
(State or country) 10 NAME OF FATHER	C - 0	Sundell . Toro	
Was there an autopsy? 10 NAME OF FATHER	A H Hilly plai	9 BIRTHPLACE (city or town) (State or country)) - Ma
What test confirmed diagnosis? (State or country) What test confirmed diagnosis? (Signed) (S		10 NAME OF FATHER Works	
*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.) 14	Ort Ca		21
*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.) 14	TA Per	F II BIRCH ST. TITLE CO., S. P. T.	in color to color
Is BIRTHPLACE OF MOTHER (city or town) (State or country) Is BIRTHPLACE OF MOTHER (city or town) (State or country) It Walker Informant. (Address) 827 Zeight Informant.	E PO	<u>u</u> <u>21 1/</u>	date l'ALST
(State or country) 14 (State or country) Walker Suicidal, or Homicidal. (See reverse side for additional space.) 15 Filed MA 7. 19 30 Reference of BURIAL, CREMATION OR RE- MOVAL MOVA	PL Shoot OF	a. Trivialies wave of Mother Leaf (1880)	*State the Disease Causing Death or in Jeaths from Violent Causes
15 Fled My 7, 19 32 Starties Lee 20 UNDERTAKER ADDRESS	ITE on SISE		state (1) Means and Nature of Injury, and (2) whether Accidental,
15 Fled My 7, 19 32 Starties Lee 20 UNDERTAKER ADDRESS	WR natio		19 PLACE OF BURIAL, CREMATION OR RE- MOVAL
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Registrar War Cook 1217 St Paul	H.B		20 UNDERTAKER ADDRESS
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[Approved by U. S. Census and American Public Health Asso.]

pation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. receive a definite salary) may be entered as House wife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. to know (a) the kind of work and also (b) the nature of the business or industry, and therefore Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, account of the disease causing death, state occu-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., an additional line is provided for the latter state e. g., Farmer or Planter, Physician, Compositor, respective of age. For many occupations a single word or term on the first line will be sufficient, If the occupation has been changed or given up on without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. especially industrial employments, it is necessary The question applies to each and every person, ir healthfulness of various pursuits can be known. occupation is very important, so that the relative Statement of Occupation.—Precise statement of

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

dental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poi "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all consequences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recommennature of the injury, as fracture of skull, and soned by carbolic acid-probably suicide. cidal homicidal, or as probably such, if impossible to determine definitely. Examples: Accias "Puerperal septicemia," "Puerperal peritoniascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conor terminal conditions, such as "Asthenia," "Anæease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic mor" for malignant neoplasms); Measles; Whoop-Medical Association. by Committee on Nomenclature of the American dations on statement of cause of death approved MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. "Marasmus," "Old Age," "Shock," "Uræmia," ondary or intercurrent) gin "Cancer" is State cause for which surgical operadefinit For VIOLENT DEATHS state Example: Measles (disaffection need not be The contributory (secavoid use of "Tu-"Atrophy," "Col-

ADDITIONAL SPACE FOR FURTHER STATEMENTS



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting USS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

ARGIN

V. S. No. 1

ä

1. PLACE OF DEATH

	Registration Dist. No.
	No. Wells Manor and St. Ward
f	death occurred in a hospital or institution, give its NAME instead of street and number)
S	ds. How long In U.S. II of foreign birth?yrsmosds.
	St., Ward.
acho H	If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH
ı	21. DATE OF DEATH Quesust 11
	(Month) (Day) (Year)
-	22. I HEREBY CERTIFY, That I attended deceased from
	august 5, 134, 10 august 10, 1934
	I last sawh Min alive on Que of 010, 1934; death is said
	to have occurred on the date stated above, at 2.25 m.
-	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
-	Date of onset
	Chronic Zuthritis Unknown
-	
7	
-	Other Contributory Causes of importance:
-	Nyperrophy of prostate Grand Unknown
-	10100
-	Seculity
-	Name of operation Work Date of Transport of
-	What test confirmed diagnosis? . pharacraft funda Was there an autopsy? Mo
-	23. If death was due to external causes (VIOLENCE) fill In also the Iollowing:
-	Accident, suicide, or homicide?
-	Where did injury occur? (Specify city or town, county and State)
-	Specily whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
1	Manner of injury
-	Nature of injury
-	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify A.
-	(Signed) M. D.
-	(Address) Wardlaws, Mal

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1. 4.4000	Other contributor, causes of importance:	
Gallstones	May 1,1923	Gastroengruis LP	1 year
		138 00 a	

ED FOR BINDIN	THIS IS A PERMAN	I be stated EXAC	y be properly classifi	k of certificate.
MARGIN RESERVED FOR BINDIN	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANI	mation should be carefully supplied. AGE should be stated EXAC1	CAUSE OF DEATH in plain terms, so that it may be properly classifie	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very important

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. 32 Mt.Wilson Branch, Md. Village or City Mt. Wilson (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 3 vrs. 4 mos. 0 ds. How long in U.S. if of foreign blrth? vrs. mos. ds. 2. FULL NAME Henrietta Carter (a) Residence: No. 3310 Du Pont Ave Baltimore, Maryland (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Female White August Married 5a, If married, widowed, or divorced 1 HEREBY CERTIFY. That I attended deceased from 29th, 1931 to August 29th 19 34 (or) WIFE of J. Godwin Carter er alive on August 29th, 19 34 death is said 6. DATE OF BIRTH (month, day, and year) December 16,1903 7. AGE to have occurred on the date stated above, at 2:10A m Months **Oays** If LESS than 30 13 1 day - hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ... min Oate of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Housewife 927 Pulmonary Tuberculosis 9 Industry or business in which work was done, as SILK MILL, In home SAW MILL, BANK, etc 11. Total time (years)
spent in this knowl 10. Bate deceased last worked at this occupation (month and known Other Contributory Causes of Importance: Unknown Laryngeal Tuberculosis 1930 12. BIRTHPLACE (city or town) Maryland (State or country) Pulmonary Hemorrhage 13. NAME Henry McClyment 1934 No Operation Unknown 14. BIRTHPLACE (city or town). Maryland (Stete or country) What test confirmed diagnosis? X-Ray, and Was there an autopsy? NO MOTHER Annie Bishop tubercle bacilli were found in 23. If death was due to external causes (VIOLENCE) fill in also the following: 15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town). Accident, sulcide, or homicide?______ Date of injury________19__ Maryland (State or country) Where did injury occur? ... (Specify city or town, county and State) Louis R. Schuerholz Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Mt. Wilson, Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of degeased? 19. UNDERTAKER * Dollar (Address) If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	• • •
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Shippenby wach to ansence MW

V. S. No. 1

PLAINLY, WITT CNFADING INK-THIS IS A PERMANENT RECOR	ould be carefully supplied. AGE should be stated EXACTLY. PHY	F DEATH in plain terms, so that it may be properly classified. Exact	
IS A PERMA	stated EXA	properly class	ery important. See instructions on back of certificate.
THIS	d be	y be	k of c
INK _	shoul	it ma	on bac
DING	AGE	so that	ctions
UNFAI	upplied.	terms,	e instru
WITE	fully s	n plain	nt. Se
INLY,	be care	EATH	importa
PLA	pluo	F D	erv

12. BIRTHPLACE (city or town). (State or country)

(State or country)

(State or country)

15. MAIDEN NAME Anna

FATHER

MOTHER

20. FILEO.

should state

SICIANS tatement

of OCCUPA-

D. Every item of infor-

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	936
1. PLACE	OF DEATH			(159)	ייטע
County	Baltimore			Registration Dist. No14	th -
				NoSt.,St.	Ward
2. FULL N	AME Infant of	Louis G.	and Anna B	. Chelton	
(a) Resid	lence: No. Ridge Rd.	Fullert (Usual place	on, R. F.	D. St., Ward. If nonresident give city or town and St	ale
PERSONAL AND STATISTICAL PARTICULARS			ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 24 (Month) (Oay)	193 34 (Year)
5a. If married, wid HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, Thef I ettended de August 24 , 19 34 to August 24,	ceased from
6. DATE OF BIRT	H (month, day, and year)	ugust 24.	1934	I last saw h 1 alive on August 24 19 34;	
7. AGE	Years Months	Deys	If LESS than 1 day, 8 hrs. 050 min.	to have occurred on the date steted above, et. 10 Pam. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)			• • • • • • • • • • • • • • • • • • • •	Prematurity (6 mos., 23 days) Gestation	Dete of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Date deceased last worked et this occupation (month end spent in this					

occupetion _____ Fullerton Maryland 13. NAME Louis Guy Chelton Baltimore 14. BIRTHPLACE (city or town) ___ Neme of operation. Maryland Whet test confirmed diagnosis?_____ Wes there an eutopsy?___ 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify ~ (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Baltimore	Parista Sia Ni & 3 A
DISCOURAGE CLASSICAL MANAGEMENT	Registration Dist. No.
9 (1)	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	s. 1 ds. How long In U.S. If of foreign birth? 2 yrs
2. FULL NAME Jesome Cicua	
(a) Residence: No. Tunus Station (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mol 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Mol White they word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of (A) The Cicera	22. HEREBY CERTIFY, That I attended deceased from
D 1 001PPQ	October 10, 1930, to dugust 24, 1934
5. DATE OF BIRTH (month, day, and year) Security 10 1 FT9	I last saw ham eliva on august 2 1,1934; death Is sai
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated (bove, et. dm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Turner SAWYER, BOOKKEEPER, etc.	1
SAWYER, BDOKKEPER, etc. S-Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased at worked at this security who (month) and the security bis occurred by the security bis security by the security by the security bis security by the security b	Pulmora futuro des dogo
Month work was dona, as SILK MILL, Stuff Congray, SAW MILL, BANK, etc	1929
10. Date deceased test worked at this occupation (month and 1/929 spent in this occupation)	
12. BIRTHPLACE (city or town) Llaly (State or country)	Other Coutributory Causes of Importanca:
13. NAME Trank Cilera	
13. NAME Frank Cilera 14. BIRTHPLACE (city or town) Staley (State or country)	Name of operation Dete of What test confirmed diagnosis? X Hour Was there an autonsy?
15. MAIDEN NAME Gugef Palmina.	0
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Hospital RecordsPersonal History Judowa Sanatorium. Towson. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
8. BURIAL, CREMATIDI OF REMOVAL	Manner of injury
Place A Manuaus Date Spf /, 1934	Nature of injury
9. UNDERTAKER Telle Zeiler In (Address)	24. Was disease or injury in any way related to occupation of deceased?
10. FILE any 29 1934 You P. Quetter	(Signed) A G Bridges M. I (Address) TOWSON, Md

67927

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1 I	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			м

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07938
1. PLACE OF DEATH	92-0
County Daklo	Registration Dist. No.
Village or City Caudallstown -	No. A Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in aity or town where death occurred	de How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Cabkerine Cummun	as Claselt.
(a) Residence: No. Reverty Rd	St., Word.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIXORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of Or Wife of Dakas W Casell, D.	22. I HEREBY CERTIFY, That I attended deceased from
2/ 2/2	
6. DATE OF BIRTH (month, day, and year) Kal. 30, 1902	I last saw h alive on 19.5 4 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 3 20 1 m.
24 2 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Country Florendon angos
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this progration (month and this progration (month and this progration from the prograt in this progration (month and this progration from the prograt in this progration (month and this progration from the prograt in this progration from the progration from the progration (month and the progration from the progration from the progration from the progration from the program in the pro	
10. Oate deceased last worked at this occupation (month and year)	
11:00.00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	thetal Flamour 1750
13. NAME Trank 1. Commungs	
13. NAME TRANS. 14. BIRTHPLACE (city or town).	Name of operation Oate of
(State of Country)	What test confirmed diagnosis?
15. MAIOEN NAME WELLEN. HErrell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME REVIEW. Harrell 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Oate of injury, 19
State or country)	Where did injury occur?
17. INFORMANT MA TORM A CARRELL OF THE MANAGEMENT OF THE MANAGEMEN	(Specify city of town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate Oate 1927	Nature of Injury
19. UNDERTAKER AND SCHOOL SOME	24. Was disease or injury In any way related to occupation of deceased?
20. FILE Dungs 20:/184 mm. Purplent Registrar.	(Signed)
	1411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr.a.c. Jehning

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07939
1. PLACE OF DEATH	(157:6)
County Bellinia	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME July Thomas Cole	
(a) Residence: No. Residence (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Original States of the states of
6. DATE OF BIRTH (month, day, end year) any 12-1934	I last saw h Malive on Curry f 193 4 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, t
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	The state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Herlin & Framus Chale
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	1 to Close Talap
10. Oate deceased lest worked at	J
this occupation (month end spent in this occupation coupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME a Verley Cole	
13. NAME CLUSTER 14. BIRTHPLACE (city or town)	Neme of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an eu'opsy?
E 15. MAIOEN NAME Amea Cliffe Tossare	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME WARE CLIFT TOURISM	Accident, suicide, or homicide?
17. INFORMANT a Yusley Cole	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Manner of injury
Place Popular Cemelay Oate Cing 17, 19 5	Nature of Injury
from Bear Command & Son	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address) Rais terstown Ind.	If se, specify
20. FILED 17 , 1934 Dendeda	(Signed) B & & Serry M. D. (Address) Crepeysully Mel
Registrar.	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

1	/	\$T	ATE C	F MAF	RYLAND-	CERTIFICATE OF DEATH	7940
1.	PLACE OF	FEATH	1			3	-11
	County	(Ja	1-22	non	···	Registration Dist. No.	4
	Village or C	ity no	140	and	Cred	No. Hould San St., death occurred in a horpital or institution rive its NAME instead of street and	Number)
	Length of resi	dence in city	or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsn	nosds.
2.	FULL NA	ME	<i>-</i>	von	, with	Cole	
	(a) Residen	ce: No		orla level I)	e of abode)	St., Ward. If nonresident give city or town an	d State
	PERSON	IAL AND	STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH	
3. \$1	1	4. COLOR		5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH Aug 8 (Day)	, 193 (Yeer)
Bay. 1	f married, widow HUSBAND of (or) WIFE of	ed, or divorce	ed			22. I HEREBY CERTIFY, That I ettended	
				Ting	016.00	, 19 6	, 19
-	ATE OF BIRTH			To f.	8 1934		; death Is seld
7. AC	GE Yea	irs	Months	Bays	If LESS than 1 day, hrs.	to have occurred on the detestated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
NOI	8. Trade, profes kind of v SAWYER,	ssion, or parti work done, as , BDOKKEEPE	SPINNER, -			Still Tom rufans	
OCCUPATION	9. Industry or		hich				
000	1D. Date deceas	ed last worke pation (month	d at	sp	tlme (years) ent in this cupation		
12 1	BIRTHPLACE (ci	tu or town)	nor	the Con	us Cresco	Other Contributory Causes of importance:	
~1	(State or cod)		- 117	modo	ale -	anencephalic miniter	
モー		THY	1011	2.			
FA	14. BIRTHPLACE (State or		1)	Va		Name of operetion Date of Date of What test confirmed diagnosis? Was there en	autoney?
ER	15. MAIDEN NA	ME OR	lava	L din	×	23. If death was due to external ceuses (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE	(city or town	1)7/6	2 /		Accident, suicide, or homicide? Date of injury	, 19
17.1	NFORMAN C	lava	2	dole		Where did injury occur? (Specify city or town, county and Street Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. 6	(Address) BURIAL, CREMAT	TIDN, OR REA	MDVAI John	usat Hop	elma, 19	Manner of Injury	
19. (UNDERTAKEN	iston	nical	Later	don	24. Wes disease or injury in eny way related to occupation of deceased?	
20, 8	(Address)	10,19	34/16/16	O. Jum	Vieren D. Registrar.	(Signed) (Address) Pharmack	M. D.
St. Amelican			76	11.1	111 6	N. C. I. C D. I	

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
GEV D 1999				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE	OF MARYLAND-	CERTIFICATE OF DEATH	7941
1. PLACE OF DEATH		(95-É)	·UII
County Sall	2	Registration Dist. No. 3%	40
Village or City Lessy	Hall	No. St., St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town when	e death occurredmo	ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FULL NAME DEMA	Enla Anso	o Louwall.	
(a) Residence: No. Color	SSAL	St.,Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE Sexuals Colored 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yeer)
HUSBAND of (or) WIFE of HENRY. Anna	rica Convay.	22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month dey, and yeer)	me 1, 1845	I last saw h elive on, 19	
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH end related causes of Importence when as follows:	
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Domestie	Trobably acute	Date of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		Cardiac Milataliono	7/34
10. Date deceesed last worked at this occupetion (month and year)	11. Totel time (years) spant in this occupetion		
12. BIRTHPLACE (city or town) Italia (Stete or country)	igh n.C.	Other Contributory Causes of Importence:	
13. NAME So no. 14. BIRTHPLACE (city or town) likes	h know	ha had frew in attendances	
14. BIRTHPLACE (city or town)	forth Howex	Name of operation 2 to 10 Nay sago Dete of	
	a Athania	What test confirmed diegnosis? Was there en et	
15. MAIDEN NAME	or know.	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
(Stete or country)		Where did injury occur?	, 19
17. INFORMANT LASTY CALL	yvay.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Vulty Lieb MECK		Menner of Injury	
9	1907	Nature of injury	
19. UNDERTAKER Lassahur (Addiess) Gulles	ous	24. Wes disease or injury In any wey related to occupetion of deceased?	()
20. FILED 8/8 , 19.3.4 (A. W. Bacon Registrar.	(Signed) Lander of Sugar	M. D.
If mor	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

0 1	ADDITIONAL SPACE	E FOR EURT	HER STATEMENTS	BY PHYSICIAN		
Als Johnson	- allenda	& This ox	ady bor	w drely	3320	
10 Kayer 6	sfort De	eth. D	Eathowa	S/ Cours	Q	
Probable	1 acute	Cardio	a Dila	tation		
DATE OF	ELTH: Letter			Edmund J.,	JP., coroner	L
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SURESU V. S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

John	Connelli	NAL SPACE FOR	FURTHER S	TATEMENTS B	Y PHYSICIAN	
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V						

AF	Z	bp	er
MAF	T	ns	n
		mation should be carefully suppl	CAUSE OF DEATH in plain ter
	N.	E	0
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7. S. No. 1	M. B WRITE PLAINLY, WITH UN	-	1
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Saltanore	Registration Dist. No. ¥ 35
Village or City Rueford	ND. St Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME MONTHS 49. S	elsesds.
(a) Residence: No.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Mornh) (Day) (Year)
HUSBAND of (or) WIFE of Gos We Selver	22. I HEREBY CERTIFY That I attended deceased from 1934, to Que 10, 1934
6. DATE OF BIRTH (month, day, and year)	Wast saw has alive on Guy 6 1, 193 4; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at
07 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Jrade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	24.11
No late, profession, or particular than the profession, or particular than the profession, or particular than the profession of the profes	mus rums
SAW MILL, BANK, etc.	Chronis Islandeles In hectes
Shell Ill (Ill)	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I was meetings	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
F 0. 1. 8 4 6	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT 19. R S (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDN, DR REMDVAL	Manner of injury
Place Carta Date Carg 17, 1924	Nature of Injury
19. UNDERTAKER CAddress)	24. Was disease or injury in any way related to occupation of daceased?
20. FILED ling 1 4 m Bolines Registrar.	(Signed) 19 1 flurmant M. D. (Address)
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

07944

1	. PLACE OF	F DEATH			(120)	(
	County	Baltimore			Registration Dist. No. 3	
7		ity Towson,	1		No. Sheppard & Enoch Pratt Hospital f death occurred in a hospital or institution, give its NAME instead of street and it. ds. How long in U.S. If of foreign birth? yrs. mi	number)
1		ME Eberle, Mrs				
		ce: No. 3009 Thir		nd St.	St., Ward. Washington, D. C. If nonresident give city or town and	State
	PERSON	AL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	ex Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write tha word) ed	21. DATE OF DEATH August 26 (Month) (Day)	, 193 4 (Year)
5a.	If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced Edward Walte	er Eberle	•	22. I HEREBY CERTIFY, That I attended	
_		month, day, and year)	pril 6	,1865	April 15 19 31 to August 26 Hast saw h.er aliva on August 25, 1934	
	AGE Yea	4	Days 20	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 10:40 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	kind of w SAWYER, 9. Industry or work was	sion, or particular vork dona, as SPINNER, BDOKKEEPER, etc business in which dona, as SILK MILL, L, BANK, atc	Housewit	ſe	Ulcerated Colitis	Mos.
000	10. Date decease	ed last worked at pation (month and	000	ima (years) nt in this upation	Othar Contributory Causes of Importance:	
	Stata or cour		rnia		Manic depressive - depressed	June
TER	13. NAME	Randolph Harri	son		insanity	1930
FATHER	14. BIRTHPLACE (State or	,	inia		Nama of operation	autonsy? Yes
ER	15. MAIDEN NA	ME Elizabeth R	loot Thor	mpson	23. If death was due to external causes (VIDLENCE) fill In also the following	
MOTH	16. BIRTHPLACE (Stata or	(city or town)	inia		Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17.	INFORMANT (Address)	Hospital rec	ords		(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE,
18.	/ //-	IDN, OR REMOVAL	Date aug	28 ,1934	Manner of injury	
19.	UNDERTAKER (Address) 4	Noval 18 May	blek.	glos Slo.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	gj.
20.	FILEDCLUG	27,1024 XXIII	1. Bu	ele Registrar	(Signad) Arthur E. Pattrell	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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HIBEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN	y 11	
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			100	
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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it r..ture of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, apecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Inhorer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wrages, as Servant, Cook to report specifically the occ. hations of persons en soork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. whatever, write None. Housemaid, etc. If the occupation has been changed :slness, that fact may be indicated thus: Farmer (re Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material Crocery;

to time and causation), using always the same accept-Typhoid fover (never report "Typhoid pneumonia") spins I meuingitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal KABE CAUSING DEATH (the primary affection with respect Lodar pneumonia, Bronchopneumonia ("Pneumonia." Statement of Cause of Death-Name, first, the DIS-

> use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., unqualified, is indefinite); Tuberoulosis of lungs, men conditions, such as "Asthenia." "Anaemia" ary), 10 de. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conso-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent prattis state means of injury State cause for which surgical operation was under "PUERPERAL septicuemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Iuaultiou." "Marusmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. My hooping Examples: Accidental drowning; Struck by railway of "contributory." "Debility" cough; Chronic valvular heart ("Congenital," "Senile," etc.), (Recommendations on state-Carcinomu, Sarcoma, etc., of Example: Measles (disease Always qualify all The contributory Meastes; disease; (merely (secondnot be

tions answered in detail, it will prevent further correspondthe certificate is permanently filed If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07946
1. PLACE OF DEATH	23
County Ballo,	Registration Dist. No.
Village or City Jacksmall mg	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME May Proples (colnoids
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of John a. Ednards 10/21/80	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (nionth, day, and year) 7. AGE Years Months Deys If LESS than 1 day,	I last saw h alive on, 19, 19, death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Pulmmary Introculogis
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this pocupation (month and	" Henviskage
this occupation (month and \$ - 14-34 spent in this occupation gear)	Other Coalarbutory Colles of importance:
12. BIRTHPLACE (city or town) Amalgamy Collistate or country)	This person had not had
13. NAME Samuely Parely	stilldfuly, I rime ot body + for
14. BIRTHPLACE (city or town) Many (State or country)	Name of operation. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Yarris	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Gallo Ind	Accident, suicide, or homicide?
17. INFORMANT Arbin Colinards (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Part 3 cm gray Green Date Que 16 , 1934	Manner of Injury
19. UNDERTAKER CO IC BOOK (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Rug 15, 1930 The Beake	(Signed) B. H. Shusmanly M. D. (Address) Address And
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1 N. B.—

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 your

	state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
M		1. PLACE OF DEATH	30
IAI	m of Oce	County	Registration Dist No.
	of sh	3	death occurred in a hospital or institution, give its NAME instead of street and number) 26 ds. How long in U. S. if of foreign birth?
	ent ent	71 71 5-	ds. How long in U.S. if of foreign birth?mosds.
	Every FSICIANS statement	2. FULL NAME Ida May	Ext.
	# -	(a) Residence: No. 3 4/0 State Value of abode)	If nonresident give city or town and State
D	REC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E. S.	3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH (Vaar) (Vaar)
NG	led T	Sa. If married, widowed, or divorced HUSBAND of	
DI	A C T Jassified	(or) WIFE of	22. 1 HEREBY CERTIFY That I attanded deceased from
BINDI	SX2	6. DATE OF BIRTH (month, day, and year) Lee 20, 76.	I last saw har alive on Con (12, 19 9; death is said
B	PH d H srly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 200.
OR	IS A PE stated E properly certificate.	5.7 7 22 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Ţ	sta sta pro cert	9 Trade arefeeden as particular	leur. Myscardeles Date of one of
VED	HIS be be of	Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	7 100
	ould may back	9. Industry of Dusiness in which	
RESER	CC _C	SAW MILL, BANK, etc	
ES	1 M 4 0	this occupation (month and spent in this occupation occupation	
出	ADING d. AG s, se th	Bellune	Other Contributory Causes of importance:
GIN	d. se, se	12. BIRTHPLACE (city or town) (State or country)	Oh. M. etital Milest 4 les
RG	UNFADING supplied. AGI n terms, so tha	13. NAME Thoddens TA Augn	Der Tel Del heiner Zile
5	D H T o	14. BIRTHPLACE (city or town)	Name of operation.
7	•= 50	(Stata or country) www.	What test confirmed diagnosis? Lilling Exacts Was there an autopsy?
	Y, WITE carefully H in pla ortant.	15. MAIDEN NAME Will Supplie	23. If death was due to extarnal causes (VIOLENCE) fill In also tha following:
	INLY, W) be carefu EATH in i	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
0	INLY, be ca EATH import	E (State or country) fruity	Where did injury occur?(Specify city or town, county and State)
	A LAIDE L	17. INFORMANT W / Kush	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
- (PLA hould OF D	(Address) 3910 growing are	
,	E N E N	Place & USAN July parling 14 1934	Manner of injury
	-WRITE mation s CAUSE TION is	11000	Natura of Injury
H	WRI mation CAUS TION	19 UNDERTAKER DEPT DE	24. Was disease or Injury In any way related to occupation of deceased?
No.	B.	(Address) 100 B TY Falls SK	It so, specify Alexe of Received and
09	z (T)	20. FILED 163 , 1934 Registrar.	(Signed) Catrusselle M. D.
		Acgistrar.	(Auditor)

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 8,	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

important.

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19. UNDERTAKERS Howard

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B.

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Every

Place Oheb Shalom Cempate Aug. 12 19 34

1902 Eutaw Place

1. PLACE OF DEATH

	66-6-			
		Registration	Dist. No. 32	
No			64	Ward
death occur	red in a hospital or insti	tution, give its NAM	E instead of street a	nd number)
ds	. How long in U.S. if	of foreign birth?	52 yrs.	_mosds.
r				
St.,	_Ward.	16	give city or town	10.
	MEDICAL	The same of the sa		
		CERTIFICATI	OF DEATE	1
21. DA	TE OF DEATH	Aug.	10	Λ
		(Month)	(Day)	, 193.4 (Year)
22.		Y CERTIF		led deceased from
Jew	ly 31.	, 1934, to 6	ing- 10,	1934
				death is sald
to have o	h alive on alive on accurred on the date sta	ted obove, at 4 1	P.m.	
The PRIM	CIPAL CAUSE OF DE	ATH and related caus	ses of importance	
were as	follows:	00.		Date of onset
	1/2 phrilis	- Carra	16	1924-
9	Mephretis Vypertens erehal to	in .		1924.
	erepal- 1	temorrhage		Rug-10/19.
· Other Co	utributory Causes of im	nortance:		
*	/ypothyro.	idism -		1930
//	grange			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	71	. 0 10	***************************************	
	operation They is		Date o	1-19-30
What test	confirmed diagnosis?_		Was there	an autopsy?_/a
23. If deat	h was due to external c	auses (VIOLENCE) f	II in also the follow	ving:
Accident,	suicide, or homicide?	No	Date of injury	
	d injury occur?			
C na sifu u	whether injury occurred	(Specify city of	town, county and	State)
Specify w	viletiler injury occurred	in industry, in a	JME, OF IN PUBLIC	PLACE.
Manner	of injury			
Nature of	injury			
24. Was di	isease or injury ln any	way related to occur	nation of deceased?	No
If so, spe		,		1
11 30, 30	Topas o	MA HOY	2k	
(Sig	ned) Irayh Address) 10	23 11 0	3 mant C	M. D.
	(Address)	AU W. UB	TAELLZ	k.e

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Balto	Registration Dist. No
Village or City Pacht md	No
Length of residence In city or town where death occurred a fyrs mos 2. FULL NAME Darby Office Fort	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word) See Married Williams of the word)	21. DATE OF DEATH (Jay) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Jane	22. I HEREBY CERTIFY. That I attended deceased from 1934, to Que 18 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a from 1939; death is said
87 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	artuin Selemin
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
D. Date deceased last worked at this occupation (month and year)	Intustial reflection
12. BIRTIIPLACE (city or town) Herselud Ind	Dther Camtributory Causes of importance:
13. NAME incholas Zistis	
14. BIRTHPLACE (city or town) Auffurd Ing	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jessmuel Gusu 16. BIRTHPLACE (city or town) Ballo Co Ind (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT) wis Daily Jocks (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Mr. Casmel Date aug 24 , 1934	Manner of injury
19. UNDERTAKER I'M C. Byrthy & I'm (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED Aug 20, 19 34 Milner Bortner Registrer.	(Signed) 1 1 Shumanton M. D. (Address) Janes Brof

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person-who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Attack of emilensu	
12ttack by chitches	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 your
	Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-07)
County Saltework	Registration Dist. No. 7th Leeb.
Village or City / Cletterstown	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Willard From	eleter
(a) Residence: No. Implessing Com	Last Condid Mysm Caux
(Usual place of Abode)	If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writche word)	21. DATE OF DEATH August 9th, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sent 1 1905	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
28 // 22 1 day 5 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	arunea sur
9. Industry or business in which	in allow shelp contains
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Dreven by hundly -
10. Date deceased last worked 19 3 11. Total time (years) spart in this occupation (month and year)	
12. BIRTHPLACE (city or town) Longal Co. Mid.	Other Coutributory Causes of importance:
13. NAME atter Fromfeller	
14. BIRTHPLACE (city or town) Corrall Cor	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au!opsy?
15. MAIDEN NAME Losence Migers	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Loverall Cos Miss. (State or country)	Accident, suicide, or homicide? Where did injury occur? The Amelouse Carroll la ma
17. INFORMANT Strenge Fromfeller (Address) Finlesburg Closed Cer Min	(Specify city or to vu, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, ORGANATION, DR REMOVAL Place St. Mary Deform Date aug. 11, 1934	Manner of injury Both Legs Broken (0°)
19. UNDERTAKER OS & Eline V Soris (Address) Rossission Mid	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED ang 10. 1934 IN Medlade Registrar.	(Signed) Slyvdon Med M.D. (Address) Octura Coronor —
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
			- '4

STATE C)F	MARYLAND—CERTIFICATE OF DEATH	0795

1. PLACE OF DEATH			210-111
County Ballinie	- 3		Registration Dist. No. 33
Village or City Proch	12.	P	84-
Times of the second		(1)	MOSL, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town what	e daath occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CUNT	is !	rand	ner
(a) Residence: No.			St., Ward.
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED. O (regrice tha word)	21. DATE OF DEATH
male colored	Sung	le_	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	/		
(or) WIFE of	4		22. I HEREBY CERTIFY, That I attended dacaased from
C DATE OF BIRTH (month to make	Ju) 3	19.	
6. DATE OF BIRTH (month, day, and year) 2 7. AGE Years Months	Days	if LESS than	to have occurred on the date stated above, atm.
11 9		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 % Tendo profession or positivo de	13	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			acciaentary styres
9. Industry or business in which			my an automore
work was done, as SILK MILL, SAW MILL, BANK, atc	****		official of an unknown
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti	ma (years) nt in this	purs.
year)	occu	pation	
12. BIRTHPLACE (city or town) Ball	The		Othar Contributory Causes of importanca:
(State or country)	,		This coloued by was found dead, on a
13. NAME Search	Gelever		- sone reter ronds Custop
13. NAME Secret 14. BIRTHPLACE (city or town). Ball	16		Name of operation Date of
(Stata or country)			What tast confirmad diagnosis?
15. MAIDEN NAME PARETT	Bruman	1	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	land.		Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town).	uu u		Where did Injury occur? north of Trayer Rollings Containing
or or has	de		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)			
18. BURIAL, CREMATION, OR REMOVAL			was public place, or the droyers. Produ (monttons R. J. D.).
Placa Pot gow	Data Clean	28 ,1934	Natura of Injury
25 111	1. 1		
19. UNDERTAKER V. In Authority (Addrass)	1-11		24. Was diseasa or injury in any way raiatad to occupation of daceasad?
(Audiess)	Was my	5	If so, spacify
20. FILED Aug. 27, 1934	Mulmer L	Bartner	(Signad) M. D.
		Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

RESERVED

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMBAIL V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	1673
County Pallimare	Registration Dist. No.
Village or City Parksvelle	NoSt.,Wall f death occurred in a horpital or institution, give its NAME instead of street and number)
1 11 1 1 1 1 1	sds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. Narfard Al Palifarm (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH and, 28
5e. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBANO of Sarah Maria Lordon	22. I HEREBY CERTIFY, Thet I attended dacaased fro
6. DATE OF BIRTH (month, day, end year) DEC2-1858.	
7. AGE Yaars Months Days If LESS than	to heve occurrad on the date statad above, etm.
76 1 480 1 1 day,hrs.	mare as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	This may Shot himself
SAWYER, BOOKKEEPER, atc. Sautroad Conguell	in Temple on Right
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Hand Fiels
SAW MILL, BANK, atc	Lafan De
this occupation (month end 10 425) spent in this 40 occupation 40	Commilled suchde
12. BIRTHPLACE (city or town) Wayners boro (State or country)	Other Contributory Causes of Importanca:
	about 1 yy ago
13. NAME Samuel Jandon 14. BIRTHPLACE (city or town) Scalland	Name of operation
(Steta or country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Miller	23. If daath wes due to external causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town) flaited States (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sarah Maria Gardon (Address) Harts + California	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:
18. BURIAL, CREMATION OR REMOVAL Place Date 19	Manner of injury That we Night 12 mift
0.17 # 7	Nature of injury
19. UNDERTAKER Will Br. (Addrass) Edithordson av Es	24. Was disease or injury In any way ralated to occupation of daceased?
20. FILED 8/28 1934 D. M. Bacone	(Signed) disserved of Sugar & M.

1,4 6,50

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10.—The month and year the deceased last worked at the occupation.

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Example I	Example II	
ase of death and related causes Pater as follows:	The principal cause of death and related ca of importance were as follows:	uses Date of onset
	Attack of epilepsy	1 week ago
nephritis	Run over by street car	1 week ago
Jul_{l}	927 Peritonitis	3 days ago
ry causes of importance:	Other contributory causes of importance:	
Mag	923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
this man whry Struck in Hagerstown his ha	dhis head
County Hospital after accedent his Comb	lained ,
and road throwing Wehressed. he had	- no Physician
and a marin !	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. #

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Evamela II

Example 1	it	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 3 3 B			
Other contributory causes of it portage:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year
4 5			
0			

V. S. No. 1 Ä

20. FILED ang 30 1934

1. PLACE OF DEATH County Baltimore	Registration Dist. No.
Village Dr City Wunstalk	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Yirgil he Hackett	
(a) Residence: No. Intil Pt. Pd. + Braddom (Usual place of abode)	of c St. Live Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda P. Schoen	22. I HEREBY CERTIFY. That I ettended deceased from
5. DATE OF BIRTH (month, day, end year) aug - 22-1901	I last saw h alive on, 19; death is sai
AGE Years Months Days If LESS than 1 dey,hr	more on follows:
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Date deceased last worked at this neguration (month and this neguration (month a	Date clones
1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimore (State or country) Mrd.	Other Contributory Causes of importance:
13. NAME Edwine Hackett	
13. NAME Edwine Hackett 14. BIRTHPLACE (city or town) Baltimore (State or country) Mid.	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy? 4.6
15. MAIDEN NAME Rouse I filmer	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Louise Jelliner 16. BIRTHPLACE (city or town) Baltinione (State or country) Mile. 17. INFORMANT Malilda R. Schoen	Accident, suicide, or homicide? # Date of Injury 8/27, 193. Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frosh Pt Pol. + Braddocfe live. 18. BURIAL, CREMATION, OR REMOVAL Place Cale hawre compate ang 31, 1935	Manner of Injury Nature of Injury Manner of Injury Nature of Injury
19. UNDERTAKER John G Cornelly (Address) Casally mid	24. Was disease or injury in any way releted to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registray

(Signed) Yrac

(Address) ...

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroniteritis	1 year
		SEP	

V. S. No. 1

ST

ATE OF	MARYLAND—CERTIFICATE OF DEATH	0795
15	<u> </u>	-34

1. PLACE OF DEATH	3
County Bally	Registration Dist. No. 3
Village or City	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
7/ ////	ds. How long in U.S. if ol loraign birth?yrsmosds.
2. FULL NAME Sympas Hackul	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (North) (Day) (Véar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug 12 - 34	last saw h aliva on, 19, 19, 19, 19, 19
7. AGE Yaars Months Days If LESS than I day. hrs.	to have occurrad on the data stated abova, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work dono, as SPINNER, SAWYER, BDDKKEEPER, etc.	III B
S. Industry or business in which	SW SING
work was done, as SILK MILL, SAW MILL, BANK, atc	
11. Total time (yaars) this occupation (month and year) year) 12. Total time (yaars) spekt in this occupation	
12. BIRTHPLACE (city or town) John Casmel Judy (Stata or country)	Other Contributory Causes of importance:
A 11 - 11 - 11	
E	
I4. BIRTHPLACE (city or town) (Stata or country)	Nama of operation
	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Truy Hall 16. BIRTHPLACE (city or town) Javanna	23. If daath was dua to axtarnal causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?
S (State or country)	Whara did injury occur?
17. INFORMANT Clinton Hall (Address)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place West Arrily Date My 13, 1934	Natura of injury
19. UNDERTAKER Harkensting!	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 13, 19.34 Eugene Falban.	(Signed) By Thurmant M. D. (Address) Lauks ma
A	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
·			
Other contributory causes of importance:	- Control	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	[

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	PLACE OF DEATH	<u> </u>
	County Paltimore	Registration Dist. No.
	Village or City Wordlaws	No. Ridge Road St., Ward
	(If Length of residence in city or town where death occurred 28 yrsmos	death occurred in a horpital or institution, give its NAME, instead of street and number)
	2. 1 /11-	11
2	FULL NAME Margaret Mary	Hammertocher
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHQuaust 22 100 4
F	emale while married	(Month) (Dey) (Yeer)
Pa.	If married, widowed, or divorced HUSBAND of Mr. Charles Hammertaches	1 HEREBY CERTIFY, That I attended deceseed from
e 1	DATE OF BIRTH (month, day, and yeer) March 5-1884	June 24 1934 to Chaguet 22, 1934
-	GE Yeers Months Days If LESS than	to have occurred on the date steted above, et. 6 A m.
	50 5 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
20	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	- D
	SAWYER, BOOKKEEPER, etc	Carcinoma of right about
O P	SAW MILL, BANK, etc. Lower Lowe	mannary grand, 19 yrs
3	10. Date deceased last worked at this occupetion (month and spent in this	ago.
	year) occupation occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town)	
~ 1	(State or country) West fingure	Tione
H EX	13. NAME George Farter	
Y	14. BIRTHPLACE (city of town)	Name of operation / Cashini mand Dete of Several 1410
2	(State or country) West finguisa	Whet test confirmed diagnosis? Physical June Warthere en eu opsy? The
HER	15. MAIDEN NAME World Climabeth	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	2 00 0 11 0 0 0	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) 11 ordlawn Wid	Process who are injury occurred in thousand, in home, of his oblic Flace.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Please Mull Shirt Oats Mily VS , 19	Nature of injury
19.	UNOERTAKER - 13. DIMMARK & SAN	24. Was disease or injury in any wey releted to occupation of deceased?
	A STATE OF THE STA	(Signed) Joshue to armacost M.D.
20.	FILED May 22, 1924 MM - 13 They Registrar.	(Address) Woodlawn Und
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemarrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

1. PLACE C	Baltima	ie.		Registration Dist. No. 25
Village or	,	luzev		NDSt., death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NA	sidence in city or town wher	e death occurred	yrsmos	ds. How fong In U.S. if of foreign birth?yrsmos
(a) Reside				St., Ward.
PERSON	NAL AND STATIS	(Usual place		If nonresident give city or town and State
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write tha word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH /6 193
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced			(Month) (Day) (Mee 22. I HEREBY CERTIFY, That I ettended deceased
6 DATE OF DIPTU	(month, day, and year)			
	ars Months	Days	If LESS than 1 day,Ohrs. orOmin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and			0	Still Born
- 1113 000	LL, BANK, etcsad last worked at upation (month and	11. Total t sps occ	time (years) O	
12. BIRTHPLACE (city or town) Ar B Eufsleysuile (State or country)			vile	Other Coutributory Causes of importance:
13. NAME	sorge H.	Har	2	
13. NAME 4 cors of H. Horre 14. BIRTHPLACE (city or town) Hampetegel (State or country)			Je	Name of operation Date of What test confirmed diagnosis? A care Was there an autopsy?
15. MAIDEN NAME and to Kindd 16. BIRTHPLACE (city or town) Partslan (Steta or country)				23. If death wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT ame by Hoard (Address) Harpstead hel			nel	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Freeland ml Date aug 18, 19,34			18 1934	Manner of injuryNature of injury
19. UNDERTAKER Reuben / roberch (Address) Freeland had				24. Was disease or injury in any way related to occupation of deceased?
20, FILED SALL	914,19.34	mull	Phone My Registrar.	(Signed) Du Resh (Address) Houtstad hy

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Example I		Example II	
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Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis *	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 E. ż of OCCUPA-

STATE OF	MARYL	AND-CERTIF	ICATE	OF	DEATH
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07959

1. PLACE OF DEATH	
county Baltimore loo almostouse	Registration Dist. No. 37
Village or City Jetas	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Yohn Halfmeis	ter
(a) Residence: No. (Usual place of abode)	St., Ward. Piklsville MA If nonresident give cky or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME AMAGE AMAG	1 HEREBY CERTIFY, That I attended deceased from 2 1 1 2 1 1 2 2 10 2 2 3 0 193 4 1 1 last saw have alive on one of the date stated above, at 3 2 m. Promote were as follows: Date of one of the date stated above at 3 2 m. Promote were as follows: Date of one of the date stated above at 3 2 m. Promote were as follows: Date of one of the date stated above at 3 2 m. Promote were as follows: Date of one of the date stated above at 3 2 m. Promote were as follows: Date of one of the date stated above at 3 2 m. Promote were as follows:
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cathuric Will 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMANAL Place Sund Cully Common Date Sept 1 , 1934	Manner of injury Nature of injury
19. UNDERTAKER JEwisters Com Mod 20. FILED ang 3/ 1934 William Jehilcout Registrar.	24. Was disease or injury in any way related to occupation of deceased? If sa, specify (Signed) B. B. Berry M. D. (Address) Chessy suite Med

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of inforof OCCUPA

1. PLACE OF DEATH

Every CIANS cement	M-11	ds. How long in U.S. if of foreign birth?yrsmos
CORD. Every PHYSICIANS & statement	(a) Residence: No. Hanfa (Usual place of abode)	Lossydu wat allo
RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta
EX	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the second of the second or	21. DATE OF DEATH aug 12
ED FOR BINDING THIS IS A PERMANEN I be stated EXACTI be properly classified of certificate.	5a. If marriad, widowed, or divorced HUSBAND of (or) AFF of Matthe Jeffer 30 = 1856 6. DATE OF BIRTH (month, day, and year) Days If LESS than 1 dey, hrs. or hrs. or min. 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which A C	(Month) (Day) 22. HEREBY CERTIFY. That I ettended dac 1934, to
NEADING INK—T pplied. AGE should erms, so that it may instructions on back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased last workad at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
CY, WITH U carefully sur TH in plain to cortant. See	14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Sarah Stable for State or country) (Stete or country) (Stete or country)	Name of operation Data of What test confirmed diagnosis? Was there an auto and Data of Date of injury What did injury occur? Data of
PLA hould OF D	17. INFORMANT Months Seffection (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Fork M. E. Coul. Date Aug 14 1934	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury
N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER Clarence E. Carthur (Address) Fork Walls 20. FILED 8/13, 1934 G. My Bucon	Nature of injury 24. Was diseasa or injury in any wey related to occupation of daceesad? If so, spacify (Signad)
4	Registrar.	(Address) Parkville

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. nresident give city or town and State CATE OF DEATH TIFY. That I ettended daceased from ted causes of importance Date of onset ----- Data of_____ ----- Was thare an autopsy?____ ENCE) fill in also the following: _____ Date of injury______ 19_____ y city or town, county and State)

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BINDING

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RECORD. Every Exact 5 may that plain carefully E DEATH

pe

plnous OF

CAUSE mation

tatement PHYSICIAN

1. PLACE OF DEATH Length of residence in city or town where death occurred. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I day,hrs. or min. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER jo SAWYER, BOOKKEEPER, etc. -9. Industry or business in which work was done, as SILK MILL, SAW MILL. BANK, etc ... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spant in this occupation __ 12. BIRTHPLACE (city or town (State or country FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER <</p> (Address) 20. FILED

Registration Dist. No. (If death occurred in a horpital of institution, give its NAME in read of street and number) ds. How long in U.S. if of foreign birth?_____yrs.____mos._ If nonfesident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Day) (Year) 22. ERTIFY. That I attended deceased from to have occurred on the date stated above, at ______m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Other Contributary Causes of importance: Name of operation. What test confirmed diagnosis?_ ----- Was there an autopsy?___ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19_____ Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address)

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BUREAL			
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(94-0)		9	2/
	Registration Dist.	. No	
Noeath occurred in a hospital or instituti	on, give its NAME inst	St., tead of street and _yrsm	ward number)
St., Ward.			
St.,watu.	If nonresident give	city or town and	State
MEDICAL CE	RTIFICATE OF	F DEATH	
21. DATE OF DEATH	Month)	29 (Day)	, 193 4 (Year)
I last saw h_	1934, to (12)	≥m.	deceased from , 1921 % , death is sald
The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of	importance	Date of onset
acute Ind	gistion	×	aug 23
Bther Contributory Causes of impor	tance:		
Clugina .	elous		
Name of operation		Date of	
What test confirmed diagnosis?			
23. If death wes due to external caus	es (VIDLENCE) fill in a	elso the following	g:
Accident, suicide, or homicide?	Dete	of injury	, 19
Where did injury occur? Specify whether injury occurred In	(Specify city or town INDUSTRY, In HDME,	i, county and Sta or in PUBLIC PL	te) ACE.
Manner of injury			
24. Was disease or injury In any wa If so, specify (Signed)	Ma	of deceased?	M. D.
(Address) 1 Con	equite	Gran.	K-14-04

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

0	6	9	C	3

1. PLACE OF DEATH	93-2
County Baltimore	Registration Dist. No.
Village or City Perry Hall	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
(10h) / 10 / 1	sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Journ (ght	
(a) Residence No. Level (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Married (write the word)	Manth (Day), 193 4
5a. If married, widowed, or divorced HUSBAND of	(may) (lear)
(or) WIFE of mme / Tahl	1 HEREBY CERTIFY, That I attended deceased from
Tral 22 1853	I last saw prime alive on All 25 1 1934 death is seld
6. DATE OF BIRTH (month, dey, and year) 7-10-23 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 200 m., 19.3 4, deeth is seld
P-/ 1 dey,hrs	
8. Trade, profession, or perticular	were a to knows: Date of one of
8. Irade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this generation (month and second in this country of the second in the second	1034
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	4
Balta Ca	Other Contributed Cases of Impartance
12. BIRTHPLACE (city or town) Carry (State or country)	(Agelloscellasis,
The territory of	- an mystorius
#1	
14. BIRTHPLACE (city or town) Antenana (State or country)	Name of operation Date of Was there an autopsy? Note:
15. MAIDEN NAME VIKNOUGH	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country) Lermany	Where did injury occur?
17. INFORMANT Chamie Kahled	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Perry Hall and.	
18. BURIAL, CREMATION ON REMOVAL	Manner of injury
Place I freehoundle spate ling 29, 1934	Nature of injury
19. UNDERTAKEN FILCH LOS SAMMASTENS	24. Was disease or injury in any way related to occupation of deceased?
(Address) 740/ Baking Toad	If so, specify
20. FILED 9/27, 1934 A/A/Inmy/Amm	(Signed) (Muspott J. Hullson M. D.
Registrar.	(Address) J.J. J. J. M. M. G.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ANDREAD V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD mation should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stated	TUNFADING INK-THIS IS A PERMANENT RECORD supplied. AGE should be stated EXACTLY. PHY in terms, so that it may be properly classified. Exact statement of the control of the
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County Baltimore				Registration Dist. No. 4	
Village or C	ity Lansdown	9		No. Hammonds Ferry Road St	Word
V	,	ath necurred 2	()	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of resi	dence in city or town where de	th occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds
2. FULL NA	ME FRANK I	CAISS			
(a) Residen	ce: No. Hammon			St., Ward.	
PERSON	AL AND STATISTIC	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX	1		RIED. WIDOWED.	21. DATE OF DEATH	
Male	White		(write the word)	August 9th 1934 (Month) (Day)	, 193 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	Carri	e Kaiss		22. I HEREBY CERTIFY, That I attended of	21
6. DATE OF RIPTH	(month, day, and year)	igust 9	.1869		death is sale
7. AGE Yea	rs Months	Days	If LESS than	to have occurred on the date stated above, at 1.00p. m.	death is said
6	5 0	0	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profes	ssion, or particuler			400 43100W3.	Date of onset
SAWYER,		armer		Q	٧.
9. Industry or work was	business in which s dona, as SILK MILL, L, BANK, atc			turemony of lung	Elgo
IO. Date decease	ed last worked at pation (month and	11. Total ti	it in this	0	De
year)			pation	Othar Contributory Causes of importance:	
12. BIRTHPLACE (cit (State or cour					54
	John Ka			and allow plus	wu 4
		7135			
14. BIRTHPLACE (Stata or		7		Name of operation Date of Secretary	A4
15. MAIDEN NA	O see alle			What test confirmed diagnosis? Was there an at	
15. MAIDEN NAI	(aibu an taum)			23. If death was due to external couses (VIOLENCE) III in also the following: Accident, suicide, or homicide? Date of injury	
State or	(city or town) German	7		Where did injury occur?	, 19
	rs. Carrie Ka:		fe)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CF
(Address)	Hammonds Fe	ry Roa	d		ot.
18. BURIAL, CREMAT		- 07717 /	ug.13.34	Menner of injury	
	orraine Ceme	Date	ug.13,34	Nature of injury	
HENRY SAI	altimore & B	Can f	Balt Imo	24. Was diseasa or injury in any way related to occupation of deceased?	NO
		2/ Daysway	Baltimo	G so, specify	
20. FILED MUL	13,19.3	NA	Register.	(Signed) (Address) 32 2 4 4 4 4 CV	M. D.
	If more ble	inks are needed, a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address) _____

Towson,

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1987 17 12				
Other contributory cause (1) importance: Gallstones	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Jo should

item

FATHER

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIDHAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Plnods County Baltimore Registration Dist. No Village or City FUDOW How long in U.S. If of foreign birth? RECORD. Every PHYSICIAN (Usual place of abode) If conresident give city or towo and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR(DIVORCED (write the word) PERMANENT BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end yeer) 7. AGE If LESS than Months Devs to have occurred on the date stated above, at 10:30 I day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min_ 8. Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may should 10. Date deceased ast worked at 11. Total time (yeers) this occupati spent in this instructions occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?_______ Date of injury_______ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. should be (Specify city or towo, county and State) History Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Sana torium, Towson. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Neture of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Towson, Md.

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) __

Registrar.

(Day)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AGE should be stated EXACTLY.

PHYSICIANS should state

of OCCUPA.

Exact Statement

properly classified.

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07968
County Ballo	Registration Dist. No. 40
Village or City / Kingsmile Med "	No. St Ward
(If Length of residence in city or town where death occurred vrs. mos	death occurred in a hospital or iostitution, give its NAME instead of street and oumber)
2. FULL NAME ONE S. KON	ds. How long in U.S. if of foreign birth?yrsmosds,
(a) Residence: No.	0
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5 DATE OF PIPTH (month day and was) # 11 . 11 - 1047	1954 to (1954) 5 , 1954
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS-than	1) det saw have occurred on the date stated ebove, at 1, m., 1937; deeth is said
87 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Ltade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cardier asthman 275
10. Date deceased last worked at this occupation (month and year)	<i>f</i>
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Annie Endogendulas
13. NAME JOUR / CETT	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT John Studeling (Address) Bradeline his	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Balto aug 16, 1934	Manner of injury
19. UNDERTAKER Clauser & acthyr (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 9/16, 1933 Yr. m. Hammett Registrar.	(Signed) AMD M. D. (Address)
70 11 1	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	N. BWRITE PLAINLY, WIT, CNFADING INK-THIS IS A PERMANENT WAS RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
4	ALCORD. 1	PHYSIC	Exact state	
MARGIN RESERVED FOR BINDING	A PERMANENT I	ted EXACTLY.	perly classified. E	ificate.
ZED FC	THIS IS	d be sta	y be pro	k of cert
RESERV	VG INK-	AGE shoul	that it ma	ons on bac
MARGIN	UNFADII	supplied.	n terms, so	ee instructi
1	INLY, WIT.	be carefully	EATH in plai	important. S
V. S. No. 1	N. BWRITE PLA	mation should	CAUSE OF D	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	
1. PLACE OF DEATH	3/
County Baltimore	Registration Dist. No.
Village or City Hebbyille, Md.	No. Windsor Mill Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Kirk	
(a) Residence: No. Hebbville, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH August 16, 1934, 193. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Kirk	22. HEREBY CERTIFY That I attended deceased from 19.35, to Change f. B. 19.3 4
6. DATE OF BIRTH (month, day, and year) March 24, 1849	Plast saw h. im alive on Que 16 , 1834; death is sald
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 2 40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or partícular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer 9. Industry or business in which	were as follows: Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Joby 3
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hebbville (State or country) Maryland	Other Contributory Causes of importance:
13. NAME Frederick Kirk	
14. BIRTHPLACE (city or town) Germany	Name of operation Date of Was there an autopsy? 4
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) Bermany	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Mrs, Harry Sellman (Address) Hebyville, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Slive Seme Core Day August 18, 19 34	Manner of Injury
19. UNDERTAKER 10003 W. Baltimore St.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 8/17/ 134 Day De Broffers. Registrar.	(Signed) 4509 Liberty Heights Ave,
If more blanks are model address Coast Barrier	A Chala Cana Babi Danier 71 C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were a		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	RECEIVED	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	Kenne	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	20 150	3 days ago
			AUG	
			DAGGG	
Other contributory causes of importance:		Other contributory ca	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis	The state of the s	1 year
				·

U	7	9	6	0

1. PLACE OF DEATH	(24)
County Sally	Registration Dist. No. 13
Village or City Intlesten	NoSt.,Ward (If death occurred in a horpital nr institution, give its NAME instead nf street and number)
Length of residence In city or town where deeth occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maryantto O	Nlein.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. STNOLE, MARRIED, WIDOWED OR DIVORCED Courie the word	21. DATE OF DEATH (Nonth) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
In-cit 1869	(J.f), 19, 10, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS tha	n to have occurred on the date stated above, at
64 64 8 22 Iday	
8. Trede, profession, or particular kind of work done, es SPINNER, AND RAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cevelral Entities
10. Date deceased last worked at this occupation (month and spent in this	(3)
12. BIRTHPLACE (city or town) Butto Bo	Other Coutributory Causes of importance:
(State or country)	
13. NAME Valentine Douchest 14. BIRTHPLACE (city or town) Session	· Many My
14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Den't known	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. thFORMANT Address) 3 Allutte	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Paskerrad Date alley 9, 19.3	- Nature of Injury
19. UNDERTAKER Henry Farraly & Sens	24. Was disease or injury in any way related to occupation of deceased?

If mure blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	933
County Dallucine	Registration Dist. No.
Village or City olorsarlle	No. 3 Delrey WE St., 1 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ulla G. Kuos	K
(a) Residence: No.5 Delrey ave.	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. CHOR OF RAGE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (1997) the word)	21. DATE OF DEATH 26 , 193 (Month) (Dey) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended decessed from
C DATE OF BIRTH (world to 2000)	I last saw h. L. alive on
6. DATE OF BIRTH (month, day, and feat the state of the s	to have occurred on the date stated above, at 5Am.
65 3 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
2 Trade profession or particular	Data of one at
SAWYER, BOOKKEEPER, etc.	Chrome myocardiles 1932
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Solve the second of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	
Fr. 10. 160	Other Contributary Causes of importance:
12. BIRTHPLACE (cityror town) (State or country) (State or country)	Hypertensing Cardio
I 13. NAME Longe fox	Vascular disease many
13. NAME 1019 Fox 14. BIRTHPLACE (city or town) Mary love (State or country)	Name of operation Date of What test confirmed diagnosis? Novel Was there an au'onsy?
I 15. MAIDEN NAME / ary fox Myers	What test confirmed diagnosis? Was there an au'opsy? Zu 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Delicy ave Colores le	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & CHAPTER Date Lily 28, 1939	Manner of injuryNature of Injury
19. UNDERTAR Parry E. Casty Co	24. Was disease or injury In eny way related to occupation of deceased? No
20. FILED 8/2 6/34/19. 8/2/2/2/2/2/2	If so, specify (Signed) (Signed) (Signed) (Signed) (Signed)
Registrar.	(Address) Current Bulines Burney (1) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE OF	MARYL	AND-	CERTIFICA	ATE	OF	DEATH
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- 1	1	1	9	Lay	5
1	3	6	J	6	64

/1.	PLACE OF DEA	тн				
/	County Ball	enere.			Registration Dist. No. 40	
	Village or City	Motels C	00		NoSt.,step NoSt.,step NoSt.,step Nostep No	
-						/3U3.
2.	FULL NAME		/	dine 157		
	(a) Residence: No.	V1770 170	(Usual place	of shode)	St., Ward. If nonresident give city or town and	State
par grante	PERSONAL AN	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	Diate
3. SI	EX 4. COLO	OR OR RACE	S. SINGLE, MAR	RIED, WIDOWEO, D (write the word)	21. DATE OF DEATH August 4 (Month) (Day)	, 193 4 (Year)
5a. I	f married, widowed, or div HUSBANO of	orced	7			
	(or) WIFE of				22. I HEREBY CERTIFY, That I attended	
		7	-	10/2	March 19 , 1934, to Aug 4	, 19_3 %
6. D.	ATE OF BIRTH (month, de	Months	Une 23	If LESS than	I last saw h_27 alive on _A_29_1	; death is said
1. A	7 /	Months		I day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	9 Trade profession or a	/	//	ormin.	were as follows:	Oate of onset
NO	8. Trade, profession, or p kind of work done SAWYER, BOOKKE	as SPINNER.			Gorowary Ocelession	
ATI	9 Andustry or husiness I	n which		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
J.	work was done, as SAW MILL, BANK,	SILK MILL.				
OCCUPATION	10. Oate deceased last wo this occupation (mo year)	onth and	spa	ime (years) nt in this upation		
12. l	BIRTHPLACE (city or town (State or country)	Washi	ngton s	J. C.	Other Contributory Canses of importance: Carles is Sclessis - My perfection	
	13. NAME Cus	drew Kr	amer			
FATH	14. BIRTHPLACE (city or t	own)	Germa	1111	Name of operation Date of	
IL	(State or country)	······	JCSPJEVSC, VV	7	What test confirmed diagnosis? Was there en e	
MOTHER	15. MAIDEN NAME	Rose.	Horning		23. If death was due to external causes (VIOLENCE) fill in also the following	
01	16. BIRTHPLACE (city or t	own)	9	ermany	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)			/	Where did injury occur?	
17. 1	NFORMANT Sa L (Address)	Mary Cla	ua 4 of els	Cliff Ued.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ICE,
18. E	BURIAL, CREMATION, OR	REMOVAL D	1 01		Manner of injury	~~~~
	Place Nouth	sliff of	Date_CLU	1934	Nature of injury	
10 1	INGERTAKER OFFICE	who a	Kinto		24. Was disease on injury in any way related to occupation of deceased?	
15, 1	(Address) 9/	- / 2,	me /	Ball-Med	If se, specify 1	0
00	9/6	34/Lav	Hallet,	month	(Signed) AUIS Leller	M. D.
20. F	TILEO. 1/D,	IN. I. J. J. KAS.	KALL VA	Registrar.	(Address) Zaysau _ Mu	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

PLACE OF DEATH

STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is a stead of street and number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That Lattended the deceased from Duration)

I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

In the

if more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise of the loborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Compositor, Architect, and children, not gainfully em-Salesman, (b) Locomotive engineer, material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Angemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

1. PLACE OF DEATH	59)
County Saltimore	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) The state of the	22. DATE OF DEATH (Moful) (Day) (Year).
5a. If married, widowed, or divorced HUSBAND of Corp WIFE of Sara Trees Rangeley 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. or	I HEREBY CERTIFY. That I ettended deceased from 1932, 19, to 1934 I last saw h alive on 8, 19, 19, 19, death is said to have occurred on the date stated above, at 1, 19, to m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows: Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
13. NAME Lewis Langlay 14. BIRTHPLACE (city or town) (State or country) 13. NAME Ranglay Ranglay Ranglay	Name of operation Of Segretary of Children of The Wasthers an autopsy? Lea
15. MAIDEN NAME Ques Rome 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 3216 (Address) 3216	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Baltiman Com Date Ong 18, 1934	Manner of injury
19. UNDERTAKER John Weensch (Address) 2008 Orleans A 20. FILED My -1, 1-, 1934 John D. Cornelly Registrat	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

07974

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	· · · · · · · · · · · · · · · · · · ·	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STANDARD CERTIFICATE OF DEATH DEPARTMENT OF CO. BUREAU OF THE CENSUS PLACE OF DEATHS MARYLAND County Registered No. 30 Township. or Village City Lahren (If death occurred in a hospital or institution, give its NAME instead of etreet and number) Length of residence in city or town where death occurred vrs. _____mos. ____days. How long in U. S., if of foreign birth? _____vrs. ____mos. ____days. 2. FULL NAME 171 817 Ward, 1140 Fore Residence: No. C. (Usual place of abade) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOB OR BACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (month, day, and year) 193 4 DIVORCED (write the word) I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of 1933 to Cin 2.6 (or) WIFE of to have occurred on the date stated above, at ______ at _____ m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: 7. AGE Years Months Days If LESS than 1 day. Date of onset _ hrs. or _____ mins. 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. OCCUPATION 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc_____ 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) spent In this Other contributory causes of Importances occupation --12. BIRTHPLACE (city or town and State or country): 13. NAME: Name of operation -----14. BIRTHPLACE (city or town and State or country) What test confirmed diagnosis? _____ Was there an autopsy?____ 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME: Accident, suicide, or homicide?_____, 193 16. BIRTHPLAGE (eity fawn and State or country) Where did injury occur? -----(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place: 17. INFORMANT (name and address); Manner of injury ... 18. BURIAL, CREMATION, OR REMOVAL: Nature of injury Date 193 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (name and address): If so, specify. (Signed) ___ 20. FILED ... 8-209g c11-3184

1 Hun

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of enset 1 week ago
Run over by street car	4 7
	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	***************************************
Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
 	-11 2104
	c11-3184

V. S. No. 1

STATE OF MARYLA	'ND-	CERTIFICATI	E OF DEA	ATH	67076
1. PLACE OF DEATH -	7	600			012:0
County Baltimore Co.	mol	, 93-c	Registration	Dist. No.	eff
Village or City Moodlawn		No.		St.,	Ward
24		death occurred in a hospital or in		1E instead of street a	nd number)
Length of residence In city of town where death occurredyrs	mos.	ds. How long in U.S	. If of foreign birth?	угз.	mosds.
2. FULL NAME Rydia U. rela	wa.				
(a) Residence: No. / Food awn	ma	St.,Ward.	16		10.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULA		MEDICAL	CERTIFICAT	t give city or town	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W		21. DATE OF DEAT		E OF BEAT	•
The OR DIVORCED (write	the word)	aug.		21	198 54
5a. If married, widowed divorger D			(Month)	(Dey)	(Year)
HUSBAND of Confuse & holand		22. I HERE	BY CERTIF	Y. That I attend	ded deceased from
70,000 1,1200000	-	ung 10	, 19 3 4, to	wg 2/	19.39
6. DATE OF BIRTH (month, day, end yeer) 100. 22 - 18	50	I last saw h alive on		, 19	; deeth is said
	LESS than	to have occurred on the date		m.	
	min.	The PRINCIPAL CAUSE OF I were as follows:	DEATH and releted cau	ises of importance	Date of onset
8. Trade, profession, or particular kind of work done as SPINNER.	10	742	-	•	aug.
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which		myou	aidillo;	Chronic.	10/34
work was done, as SILK MILL, SAW MILL, BANK, etc.		Duration 2 1	enknount	C.	
0 10. Date deceased last worked et 11. Total time (yee	rs)				
this occupation (month and spent in this year) occupation	; 				
12, BIRTHPLACE (city or town) 20		Other Contributory Canses of	Importance:	us	2
(State or cooptry)					
13. NAME John 18. Borrie					
13. NAME JOHN 18. BOTTLE 14. BIRTHPLACE (city or town) Charles C		Name of operation.	one	Dete o	01
(State or country), mary law	d	What test confirmed diagnosis	of Physic	aV	an eutopsy? Ko
15. MAIDEN NAME Drusella Grye	DEVIS	23. If death was due to externa	al causes (VIOLENCE)	fill in also the follo	wing:
15. MAIDEN NAME & Nus ella Grye 16. BIRTHPLACE (city or town) Charles Ch (State or country)	1	Accident, suicide, or homicide	e?	Date of injury	, 19.
(State or country) Mary la	ud	Where did injury occur?			
17, INFORMANT Mrs. Q. U. Deleter	, 1	Specify whether injury occurs	red in INDUSTRY, in H	or town, county and IOME, or in PUBLIC	PLACE.
(Address) 905 Redgate are May	olfi Va				
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	none		
Place Pate	, 19	Nature of injury			
19. UNDERTAKER John C Plade	,	24. Wes disease or injury in a	any way related to occu	pation of deceased?	no
(Address osong Green me	1	If so, specify	18 97	- 1.Au	A
20, FILED aug 22 - 1934 m n. Bulge	w	(Signer)	mosil	way	00 No.
	Registrar.	(Address) 2_2	zonas	ruon i	and .
If more blanks are needed address Si	tate Registrar	2411 N Charles Street Rallimor	Requestions 91 S N	0 ×	•

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		I

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 079	2 6
1. PLACE OF DEATH	(82:a)	
County Ballimere County	Registration Dist. No.	
Village or City Colonsville	No. Spring Grove State Hesspilet	Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	rraiu
Length of residence in city or town where death occurredmos.	23 ds. How long in U.S. if of foreign birth? yrs mos	ds.
2. FULL NAME Edward VI illy		
(a) Residence: No. 530 Loweles alex	St., Ward. Bulling md.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1
Male Widowed	(Month) (Day) (Yea	ar)
5a. If married, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY. That Lattended deceased	from
(or) WIFE of Whaveur	22. HEREBY CERTIFY, That I attended deceased	RUL
n. 7.611	I last saw h had alive on Que 22, 193 4; death i	a said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day If LESS than	to have occurred on the date stated above, at 2 3 3 P. m.	2 2910
M 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
78 7 75 0rmin.	were as follows:	onset
Trade, profession, or particular kind of work done, as SPINNER, Brichlages SAWYER, BOOKKEEPER, etc. Brichlages		^
9. Industry or business in which	A Service Congression -	#
work was done, as SILK MILL, Masonary SAW MILL, BANK, etc.	- Musiconous wy	Berry
kind of work done, as SPINNER, Buchlage 8. Industry or business in which work was done, as SILK MILL. 10. Date deceased last worked at this occupation (month and		
this occupation (month and whom spart in this paner)	Other Contribution Control State of Sta	
12. BIRTHPLACE (city or town M. mala	Other Coatributory Causes of importance:	
(State or country)	(1.1 11 (8-2	1-3
발 13. NAME	y pupleyy	/
13. NAME 14. BIRTHPLACE (city or town) WWW (State or country)	Name of pperation / Mb Date of	-
(State or country)	What test confirmed diagnosis? Cline . Gigning . Was there an au'opsy?	210
IS. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:	-7
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
State or country)	Where did injury occur?	
W. CO. Arberra	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT IVAL CATALOR COMMON AND AND AND AND AND AND AND AND AND AN	opens whether injury occurred in the country, in nome, or in robert react.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mestern Date 49 2 4 1934	Nature of injury	
1/10/16/10	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER AND THE COMPANY OF TH	if so, specify	
a last	(Signed) James Harry	M. D
20. FILED Registrar.	(Address) Catorisitello ma	1
If more bloom to the Market State Prairies	222 N. Charles Street Religious Pagneting 71 C. No. 2	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED 11-9 14, 19-2

1, 4, D 14 C

M. D.

Md.

Halethorpe,

A description of the second se	F MARYLAND—	CERTIFICATE OF DEATH	13:0
1. PLACE OF DEATH		990	
		Registration Dist. No. 4	
Village or City Relay	(1)	No. Sutton Ave. /St., f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where de		sds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME	Edgar Jetson Litchi	Pield	
(a) Residence: No. Sutton Av	re, Relay (Usual place of abode)	St., Ward. If nonresident give city or town and Slat	e
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH August 23 (Month) (Day)	3 4 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle I	Litchfield	22. I HEREBY CERTIFY. That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) Aug	rust 26. 1871	I last saw h.im alive on Aug 23 / 1934; de	ath is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at _ 3 . 0.5 _ Pm.	
62 11	27 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	te ol onset
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Pattern Maker	and the same of	930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Chronic my orandeles and degeneration /	75.5
TO. Date deceased lest worked at this occupetion (month and year)	11. Total time (years) spent in this occupation 28 yrs.		930
Pol	Ltimore	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Balt timore (State or country) Maryland		Herpes Zosler Dupra-orlitato	lug
≝ 13. NAME George J. Li		news.	934
13. NAME George J. L: 14. BIRTHPLACE (city or town) (Stete or country)	altimore Maryland	Name of operation Date of What test confirmed diagnosis? Melhanh Was there en autop	-
~	Hildebrandt	23. If death was due to external causes (VIOL ENCE) fill in also the Iollowing:	
16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMAN Miss Evelyn I. L. (Address) Relay, Md.	itchfield	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Place Loudon Park Com.	Span August 27 19 34	Menner ol injury	
19. UNDERTAKER 1003 W. Bal	timore St.	24. Was diseese or injury in any way related to occupation of deceased?)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

(Signed)

(Address) Selma

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Example I	1000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of entlepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cart 15	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis A D	3 days ago
		A	
		.0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

1. PLACE OF DEATH County Baltimore Village or City 9117. Pleasant, Reisl	Registration Dist. No. 3 3 Re
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Worth) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (en) HISE of Malhau Losius ky. 6. DATE OF BIRTH (month, day, and year) Mounthur 15- 1895 7. AGE Years Months Oeys If LESS than 1 day, hrs. or hrs. or min.	22. I HEREBY CERTIFY, That I attended deceased from actorius 16, 1934, to august 16, 1934. I last saw here alive on alive on alive of the principal cause of Importance were as follows: Chronic Pulmonary Tubesculosis Oate of onset 1 4/6.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decesed last worked at this occupation (month and year): 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canacs of importance:
13. NAME Jacob Schwarty 14. BIRTHPLACE (city or town) Poland (State or country)	Name of operation
15. MAIDEN NAME Rachael Musonowith 16. BIRTHPLACE (city or town) Por Cared (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT JUNEY JULIAN (Address) 18. BURIAL CREMATION, OR REMOVAL Date 8 1 3 19	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury
19. UNDERTAKER OF CALLED	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILEO Gleg / B , 1934 STURILLE Registrar.	(Signed) Mt Pleasant! Reiterstown M. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1,1923 1 year

of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0798	U
1. PLACE OF DEATH		
county Battimore . Co., almshe	Registration Dist. No. 37	
Village or City Jefas	No. St.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) is. 19. ds. How long in U.S. if of foreign birth?mos	ds
2. FULL NAME I da Lunton		
(a) Residence: No. 7 I exact, Almshouse (Usual place of abode)	e St., Ward. Long Orces Md.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WHOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Quyust (Month) (Day) (Yei	+ ar)
5a. If married, widowed, or divorced HUSBAND of (Gr), WIFE of Harry Milton Lyston	22. I HEREBY CERTIFY, That I attended deceased only 5, 1933, to any 24, 19, 11 attended deceased only 5, 1934; death in the saw har alive on any saw by 184; death in the saw har alive on any saw by 184; death in the saw har alive on any saw by 184; death in the saw har alive on any saw by 184; death in the saw har alive on any saw by 184; death in the saw har alive on any saw har aliv	34
6. DATE OF BIRTH (month, day, and year) March NO, 1859 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,	s sai
75 5 14 1 day,hrs		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this opening and specific properties of the second profession of the second profes	Chronic Interstitial Date of	onsol
work was done, as SILK MILL, SAW MILL, BANK, etc.	1/	7.
year) occupation		- 7.
12. BIRTHPLACE (city or town) West Virginia (State or country)	Other Contributory Causes of importance:	
13. NAME KINGSON		
13. NAME 14. BIRTHPLACE (city or town). 1	Name of operation. Date of	
置 15. MAIDEN NAME ないない .	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Clyphone Reevel (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place almohouse Curity Date aug. 25, , 1924	Manner of injury	
19. UNDERTAKER Wan C. Brooks & Son (Address) if karks Mid.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED assig 28 4, 1934 William & Shi sotte	(Signed) B. Benn (Address) Culsusula Md	_M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 3	July 5, 1927	Peritonitis ·	3 days ago	
PUPEAU V. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis 4	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07982
1. PLACE OF DEATH	94-60
County Balto	Registration Dist. No. 38
Village or City Tow Sou	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Calvert Cornel	ein MCPake
(a) Residence: No. Yark Rd Choset	S. St. / Ward.
A Marchal (Usual place of abode) & pol	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The married, widowed, or divorced	at about 2 P (Month) (Day) (Year)
HUSBAND of (or) WIFE of Marie J. M. Cabe	22. I HEREBY CERTIFY. That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) DEC30 -1880	I last saw h alive on, 19, deeth is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, atm.
53 54 7 16 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of office
SAWYER, BOOKKEEPER, etc	Infmaller (1802) aug 16/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date decessed lest worked at this recursion (month) and this recursion (month) and this recursion (month) and the second state of the sec	l
O 10° Date decessed lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town). Balto City	Other Contributory Causes of importance:
(State or country)	O A A A A A
13. NAME Janes V. T. M. Caloz. 14. BIRTHPLACE (city or town) Source 1.009 Sales.	had bern Jamely Roclay,
14. BIRTHPLACE (city or town) Staurs Lug Sace	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?_240
15. MAIDEN NAME of Extrude I might	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME SERVINGE Synight 16. BIRTHPLACE (city or town) Howers day face? (State or country)	Accident, suicide, or homicide?
17. INFORMANT MISS TIED LIZEU (Address) Penns Quella VIII	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place St Mary & Farage Date July 18, 1934	Nature of Injury
19. UNDERTAKER Stangery WiMEarly	24. Wes disease or injury in any way releted to occupation of deceased? 200,
(Address) Balto	If so, specify
20. FILED 8/16 ,1934 Q. M. Sacoce	(Signed) Columnia & Okyan Jam. D.
Registrar.	(Address) Lowson Red 15

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DE LUEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1. C. DEllman was Called, on Carr
130 DM 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 1.11, and this man was head
whow his arrival.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00
/ County 3 cellemore	Registration Dist. No. 0
Village or City Tutherville	NoSt., Ward
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME Villiam A. V.	nealey
(a) Residence: No. Julturully M-	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mule while married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Laurer Meally	Jamery 1933 to Carry 3, 193
6. DATE OF BIRTH (month, day, and year) May 15 1855	I last saw halive on
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1.4.5 m.
79 2 19 1 day,hrs.	THE PRINCIPAL CAUSE OF BEATH and related causes of importance
Trade profession or particular M A. / 77	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Orterio Scienza 19m
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) spent in this	artie Regungilations
SAW MILL, BANK, etc.	0
10. Date deceased last worked et this occupation (month end year) - 1 9 1 1 1 Total time (years) spent in this occupation occupation	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	11001
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there en eulopsy? Was there en eulopsy?
	23. If death was due to externel causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide? Date of injury
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
Charles Marglan	(Specify city or town, county and State) Specify whether Injury eccurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Like (Address) Like Wills With	Specify whether injury occurred in Proposition, in Home, of in Public Flace.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Specingfill Chillete Aug. 5, 193 4	
Weer Smeller	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
0 - 2 04 Mm D /2 -A	(Signed) B R Burn h M.
20. FILEDULG 3, 1934 Mail Suller	(Address) Crehysully Migh
	r, 2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURCAU V. S.				
Other contributory causes of importance:	11	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING	-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTI	CAUSE OF DEATH in plain terms, so that it may be properly classified.	ack of certificate.
ARGIN RESER	VITH UNFADING INK-	ully supplied. AGE shor	plain terms, so that it m	TION is very important. See instructions on back of certificate.
. No. I	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be caref	CAUSE OF DEATH in	TION is very importan

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07934
CountyBaltimore	Registration Diet No. 1/2
Village or City Lansdowne	No. Clyde & Washington Avels. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME William Meyer	
(a) Residence: No. Clyde & Washington Ave! (Usual place of abode)	S.St., Ward. Lansdowne, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorsed 5a. If married, widowed, or divorced	21. DATE OF DEATH August 16 , 193 4 (Year)
HUSBAND of (or) WIFE of Minnie Sedcum Grace Meyer	22. I HEREBY CERTIFY. That I ettended deceased from, 19, to
6. DATE OF BIRTH (month, dey, and year) September 3,1880 7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
53 11 13 ormin.	were as follows:
kind of work done, as SPINNER, Dock Foreman SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (many and /34 spent in this 30 occupation) 12. BIRTHPLACE (city or town) (State or country) Maryland	Acute Dilatation of Heart (Inquiry) Other Contributory Causes of Importance:
13. NAME Julius Meyer	
4. BIRTHPLACE (city or town) Hangyer (State or country) Gormany	Name of operation Date of
Z I III II V	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Mary E. Fries 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Wm. E. Fox (Address) Lansdowne, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Organic Date Cup 40, 1934	Manner of injury
19. UNDERTAKER JOSEPH BALGINIAN J (Addiess) 1003 HBalfinian J 20. FILED (MG/b, 19.34 Balfinian)	24. Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) Coronerado.
Refustrar.	(Address) Halethorpe, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4 4 €	

of OCCUPA-

Village or City January Village or City January Village or City January Village or City or town whare death occurred yrs. 2. FULL NAME Standard Color (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Registration Dist. No. No. No. No. St., William of the street and number of the street and numb
Length of residence in city or town where death occurred yrs. 2. FULL NAME Standard Color (Usual place of abode)	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?
(a) Residence: No. Nanticola P.A. Muiddle (Usual place of abode)	ifler wordskigh Ward.
(a) Residence: No. Mante cole 124) middle (Usual place of abode)	
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	I some size they or town and blate
1 ENDOUGE AND DIAMONDAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	193 2
If married, widowed, or divorced	(Month) (Day) (Yáar)
(or) WIFE of Frank Sylves ter hills	22. I HEREBY CERTIFY. That I attanded decaesed f
DATE OF BIRTH (month, day, and year) 1/20. 14-1884	I last saw 12 alive on aug 3 1934; deeth is
AGE Yaars Months Days If LESS tha	
49 49 8 7 1 day,	THE FRINCIPAL CAUSE OF DEATH and related causes of unportained
8. Trade, profession, or particular	ware es rollows.
kind of work dona, as SPINNER, Forsewife SAWYER, BOOKKEEPER, etc.	Corcuena of fellie /92
9. Industry or businass in which work wes done, as SILK MILL.	// //
work wes done, as SILK MILL, SAW MILL, BANK; atc.	
10. Date dacaasad last worked at this occupation (month end year)	
year) occupation	Other Contributory Canses of importance:
BIRTHPLACE (city or town) / Dallo ·	
(State or country)	
13. NAME The Weasel	
14. BIRTHPLACE (city or town)	Neme of operation. Cales leving: Date of
(State or country)	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME hary Whitner	23. If daeth was due to axternal causas (VIOLENCE) fill in Maso the following:
16. BIRTHPLACE (city or town) - Jalto .	Accident, suicide, or homicide?, Date of Injury, 19
(State or country) And.	Whare did injury occur?
INFORMANT Frank Sylvester miller (Address) middleborong	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	, Mannar of Injury
Pleca toly Redeemed Date ung - 7 , 193	Nature of Injury
UNDERTAKER John G. Connelly (Addrass)	24. Was disease or injury In any way releted to occupation of daceased?
FILE Mug - 6 -, 1934 John S. Connelle Register	(Signad) (Addrass) Essely The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of haportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(ISI)
County Baltinore Co	Registration Dist. No. 42
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME O OZA CIMA M	osberg
(a) Residence: No. 12/2 Clauding (Usual place of abode)	St., U Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Semale white OR DIVORCED (write the word)	(Mgnth) (Day) (Year)
Sa. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Charles H. Must being	22. I HEREBY CERTIFY, That I attanded deceased from
C-t 11 18(7)	I last saw Hull alive on aug 14, 7, 1934; daath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above at 11.05 m.
(The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Ungua Vectorio 8/5/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this prognation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) And Anglund	Other Coatributory Causes of Importance:
II 13. NAME John Keyfer Mosberg.	Cuturis Sclerons 1722
13. NAME Teyfer Mozbung. 14. BIRTHPLACE/city or town). Many land.	Name of operation Oate of Oate of
	What test confirmed diagnosis? Was there an autopsy?
T A STATE OF THE S	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT Valletta Grownton (Address) 1210 Elin Ridge	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SEMITION, OR PROVAL Fred md 8/17/37	Manner of injury
19. UNDEREASED TES H'A fleribach (Address) 125 4 Limithur of LA	24. Was disease or injury in any way related to occupation of decaased? W
20. FILEOGUE 15, 1930 De Keeffer Registrar.	(Signad) Sevelles. M. O. (Address) 4100 Edwardon av
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Pult, Md.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Julu5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE OF	MARYLAND	D-CERTIFICA	TE OF	DEATH
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117000

. PLACE OF DEATH		(120)	10	
County Dallimore		Reg	istration Dist. No. 4	
Village or City Dundalk.	6 AI)	No. 262 Balta leath occurred in a hospital or institution, give	e its NAME instead of street and num	Ward
Length of residence In city or town where death occurredyrs	mos.	ds How long In U.S. If of foreign	birth?mos	ds
. FULL NAME Jame Illare	17	Vurphy.		
(a) Residence: No. 262 Ballisme	re au	St., Ward.	10.	
PERSONAL AND STATISTICAL PARTICULA	B		nonresident give city or town and Sta FICATE OF DEATH	te
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V		21. DATE OF DEATH		
Consider Marker OR DIVORCED (write	the word)	Civy.	11 (Day)	93 Y
If married, widowed, or divorced				
HUSBAND of (or) WIFE of		22. I HEREBY CE	BTIFY, That I attended dec	
DATE OF PIPTS (mostly day and man) Gume 1, 1	931	I last saw h alive on		., 19 leath is sa
DATE OF DIKTH (HIOHHI, day, and year)	LESS than	to have occurred on the date stated above.		Eatli 12 2a
7 9 92 1da	y,hrs.	The PRINCIPAL CAUSE OF DEATH and r		
90 1 101	min.	were as follows:	D	ate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			,	
9. Mustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Enless. Colite	P	an
10. Date deceased last worked at this occupation (month and spent in th	ars) is	awx	Que mo	d,
year) occupation		Other Contributory Causes of importance:		
BIRTHPLACE (city or town) Washing (State or country)	<u>u</u>	Man 0		
13. NAME Chletus P Murblu	1	100100		
· DC	-	Name of acception	Date of	
14. BIRTHPLACE (city or town) (State or country)		Name of operation		nev7
15. MAIDEN NAME Geolith, Merce The	Imas	43. If death was due to external causes (VIC		ps)
16. BIRTHPLACE (city or town) W Da		Accident, suicide, or homicide?		., 19
(State or country)		Where did injury occur?		
INFORMANT Mrs. Ewelle Mursh	hej.	(Spe Specify whether Injury occurred in INDUS	cify city or town, county and State) TRY, in HOME, or in PUBLIC PLACE	
BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place Sayed Heard Date Wg X	3 ,1934	Nature of injury		
UNDERTAKER III & Seille In	c	24. Was disease or injury in any way relate	ed to occupation of deceased?	
(Address) Bullinus	ri	If se, specify	12/2/	
FILED Stry In Mars Cons		(Signed) / sedgrel	K Hallam	7M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

V. S. No. 1

m m ż

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBRAIT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	ARGIN RESERVED FOR BINDING UNFADING INK_THIS IS A PERMANEN	G INK—THI	SISAPI	SRMANENT	RECORD. Every	item of infor-
mation should be carefully supplied. AGE should be stated EAACTLY. FHISICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	supplied. An terms, so lee instruction	that it may bons on back of	e stated le properly f certificat	classified.	Exact statement	should state of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07939
1. PLACE OF DEATH	
county Ballimore	Registration Dist. No.
Village or City Coses	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry R. Myer	J
(a) Residence: No. Maryland and Es	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale White OR DIVORCED (write the word)	21. DATE OF DEATH Quantity (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mucha Storge	22. I HEREBY CERTIFY, That I attended deceased from
N 1 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Usugust 9th 1902	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date steted above, atm.
32 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	A. A
kind of work done, es SPINNER, flech Worker	Cerebral Hemourhage
kind of work done, es SPINNER, fleet Workser SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this year) 11. Total time (yeers)	
10 RIPTIDI 10F (shan hour)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Waryland (State or country)	
13. NAME James Henry Myers	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) / rearriand	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elisabeth Self 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
(State of Country) Original of	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT farmes Hetry Myers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR HEMOVAL	Manner of injury
Place Cale how Lew Date ling - 31, 1934	Nature of Injury
19. UNDERTAKER John S. Cornelly	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lary - 30, 193 x John B. Connell	(Signed) faco fo hallmorn Coronel M. D. (Address) Stermars Tun Mol
Registrar. / If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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58F-H-160F			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

U	~	0	6 :	
V	-	U	47	1

1. PLACE OF DEATH	783
County / Fullwork	Registration Dist. No. 36
Village or City allla Usuan Dans, C.	St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city, or fown where death occurredyrs,	V .
2. FULL NAME Helsen Danner	Muero
(a) Residence: No. 1209 W. Cross (Usual place of abode)	/St., Ward. Saltutors If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WILLOWEL OR DIVORCED Suring the proof	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19 10 19
6. DATE OF BIRTH (month, day, and leadily 25 19/8	I last saw h allva on , 19; death is safd
7. AGE Years Months Days If LESS that	aran dan
1 day,	
- 8. Trade, profession, or particular	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	accidental Drawning
9. Industry or business in which work was done, as SILK MILL,	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
6/2000	Other Contributory Canada of importance:
12. BIRTHPLACE (city or fown) (State or/country)	
1	- June -
13. NAME Level & Suraid My ex	a la super
14. BIRTHPLACE (cit) or town	Name of operation ball the Date of A:
1 (State of Founty)	What test confirmed diagnosis?
H MAIDEN MAINE VILLE V. Noware	23. If death was due to external causes (VIOLENCE) fill in also tha following:
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(State or country)	Whera did injury occur? Willow & All Color Rules (Specify city or town, county and State)
17. INFORMANT LLOG 6. Myll	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1200 DU. CLOSO SH Galle M	Public
18. BURIAL ERENATION, OB REMOVAL'EX	Manner of injury
Place / Com q Class Muly 8, 190	Nature of injury browning
19. UNDERTAKER Caston Sond	24. Was diseasa or injury in any way related to occupation of deceased?
1 1 1 N M M M	(Signed) marshall B west M.D.
20. FILED Day 6 , 1934 Registra	
	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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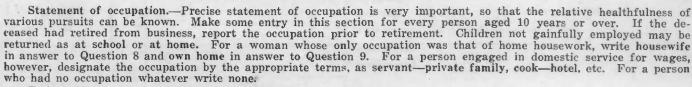
Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street air	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastrac teritis	1 year

Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Balto.	Registration Dist. No. 35
Village or City	NoSt.,Ward
The state of the s	death occurred in a hospital or institution, give its NAME instead of street and number)
0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME grove C May	lo-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the ward)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of E Navlor	22. I HEREBY CERTIFY, That I attended deceased from
Cota C ranges	8-6, 1939, to 8= 6, 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h aliwe on, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at
76 9 29 roay,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	sous morning
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	I himd body death
A - 1 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	comed and and of
The state of the s	o aima
E	No. of a subject to the subject to t
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME COLOR SELENTA	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
State or country)	Where did injury occur?
17. INFORMANT Mus Cora & Maylia (Address) Nevel of 24	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sereford Oata aug 5, 1934	Nature of injury
10 HOPPITANED (12 C B	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address) Separation 2 2	If so, specify A & A & A & A & A & A & A & A & A & A
Milmar Bata	(Signed) M. O.
20. FILEDAUQ. 6. 19.34 (1) mer 120 mer. Registrar.	(Address) Analys and



To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

ould state OCCUPA.	SIAIL OF MARYLAND— 1. PLACE OF DEATH Baltimore	CERTIFICATE OF DEATH 07992
should of	oounty	Registration Dist. No. 71 71 4
-	Village or CityEUDOWOOD SANATORIUM, TOWSO	Man. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
NS ent	Length of residence In city or town where death occurredyrsmo	s. 13 ds. How long in U. S. if of foreign birth? 3 9 yrsmosds
YSICIANS	2. FULL NAME COUNTY // NOT	13 Jt Cili
YSI	(a) Residence: No. 133 K (Usual place of abode)	St., Ward.
PHYSICIANS act statement	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
2	Male White Marrie the word)	(Month) (Day) (Year)
X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of	
A	(or) WIFE of CMMA // MAN	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) September 26 1886	I last saw h 1 alive on Cuegus & 7, 193 4; death is sai
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 A_m.
stated proper	47 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be is	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER atc.	Date of one of
	9. Industry or business in which $\Omega A = \Omega$	- Fullione Intuitors 1107en
may back	SAW MILL, BANK, etc. Stansty Whan,	1729
E sh at it	O 10. Date deceased last worked at this occupation (month and 1929) 11. Total time (years) spent in this year) year)	
AGE that ions c	8	Other Contributory Causes of importance;
d. , so .ucti	12. BIRTHPLACE (city or town) (State or country)	
should be carefully supplied. AGI OF DEATH in plain terms, so that s very important. See instructions	II 13. NAME Groung Henry Nijop	
in to	4 14. BIRTHPLACE (city or town) Cuty Cold	Name of operation Date of Date of
plai	(State of country)	What test confirmed diagnosis? X - Research Was there an autopsy?
be careful EATH in p important.	II 15. MAIDEN NAME Harris Copper.	23. If death was due to external causes (VIOLENCE) fill in also the following:
ca TH port	16. BIRTHPLACE (city or town) Cycle (State or country)	Accident, suicide, or homicide?
d be car DEATH y import	Hospital Records Personal History	Where did injury occur? (Specify city or town, county and State)
hould OF D	Eudowood Sanatorium, Towson, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shou E OF is ver	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place Dallunel Deve Date Mug 30, 1934	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER IT IL COPPES	24. Was disease or injury In any way related to occupation of deceased?
101,	(Address) 1217 St. Paul St.	If so, specify
A	20. FILED ang 27, 1934 Mm 13 Bulles	(Signed) Towson, Md.
	Registrar.	(Address) TOW SUIT, MCC

STATE OF MARYLAND—CERTIFICATE OF DEATH 07992

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of har ortance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
127 18			
	1		144
(4)			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07993
1. PLACE OF DEATH	210.00
County Dallo	Registration Dist. No. 3.8
Village or City farrellsville Vike	No. St., Wa
(If Length of residence In city or town where deeth occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Joseph & nor	is
(a) Residence: No. 24 Let Ital R.O.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5 SINGLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
Male This OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed fr
6. DATE OF BIRTH (month, dey, and yeer) June & 1248	19
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, etm.
86 12 19 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
St. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	automobile accident
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	was this mans.
SAW MILL, BANK, etc	Cause of Death 8/2
this occupation (month end spant in this occupation	72/
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importence:
(Stete or country)	Tilled Justantia
13. NAME Serger Morris 14. BIRTHPLACE (city or town)	Crushed Skull.
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there an eu'opsy?
15. MAIDEN NAME Elizable Borgly 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Bissic From (Address) From Sule Med	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Crushed Tkull
Place Thrus silly my Delling 30 , 1934	Neture of injury
19. UNOERTAKER 24 2" That (Address) From Service Pa	24. Wes disease or injury in any way releted to occupetion of deceased?
20. FILED lug 28, 1934 G. Il. Been Registrat.	(Signed) Christian J. Dry au AM.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example 1	i	Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 7 1934			
Other contributory causes of importance:	10 pr 12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GEP 1 100°			
Other contributory causes of importance:	1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

MARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Teatherine Robb narring Home
County Sallmur Co.	Registration Dist. No. 32
Village or City Villa Nova	No. St., Ward death occurred in a horpital or institution, give its NAME Instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME than as & Of	fara. Ves
(a) Residence: No. 607. Editor of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If matried, widowed, or divorced	
(or) WIFE of annie 6.0 Hard	22. HEREBY CERTIFY. That I attended deceased from 1. July 16 1934 to Aug 7 1934
6. DATE OF BIRTH (month, day, and year) Dec 21-186	I last saw h 1972 alive on 1937, to 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 2 Pem.
70 7 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
20 Trade explanation or cartinula	were as follows: One of onset Date of onset
9. Industry or business in which	
SAW MILL, BANK, etc. Letty Carries	***************************************
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Batter Mg.	Other Coutributory Causes of importance:
(State or country)	Morma
13. NAME Machael O Hous a	
14. BIRTHPLACE (city or town) Steel on of Steel or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? No
	23. If death was due to external causes (VIOLENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mias M. O' Has ay.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/Manner of injury
Place Men Cath Date 16, 19 99	Nature of injury
19. UNDERTAKER I. H. Mi-Gully	24. Was disease or injury in any way related to occupation of deceased?
(Address) 110 CH (NT)	If so, specify
20. FILE LIEG 8 134 NO TOME	(Signed Storge 6 of Lannon M.D.
Registrar.	(Address) 200 n. Fallow Are

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

I-THIS IS A PERMANENT RECORD Every item of infor-	ould be stated EXACTLY. PHYSICIANS should state	may be properly classified. Exact statement of QCCUPA-back of certificate.
PERMANENT	EXACTLY	ly classified.
IS A 1	stated	may be properly back of certificate
HIS	pe	pe of
	plno	may

STATE OF MARYLAND—CERTIFICATE OF DEATH	07996
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1. PLACE OF DEATH		46	. / / /
County Baltimore		Registration Dist. No.	
Village or City Middle Twe	v)	NoNo	St., Ward
		death occurred in a horpital or institution, give its NAME instead of at	
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME John Cloze	water		
(a) Residence: No. / Sind / times (Usual place)	re of abode)	St., Ward. If nonresident give city or t	own and State
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (Month) (Oay)	, 193 #(Year)
5a. If married, widowed or divorced HUSBANO of		T T	
(or) WIFE of Fatanclawa O	lazeveki	22. HEREBY CERTIFY, That I:	
6 DATE OF RIRTH (month day and year) Dec . 15-	- 1870	() 10° d	1954
6. DATE OF BIRTH (month, day, and year) W.C 15- 7. AGE Years Months Days	If LESS than	I last saw Item alive on to have occurred on the date stated above. 470 77 m.	1922, death is sald
63 63 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importal	nce
	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ner	Constitution of the state of th	6.1 1000
9. Industry or business in which		Carcinous y raciocaga	40 2
work was done, as SILK MILL, SAW MILL, BANK, etc		<u> </u>	
10. Date deceased last worked at this occupation (month and	l time (years) pent in this		
- I this occupation (month and	cupation	Oh. C. N. A. C.	
12. BIRTHPLACE (city or town) / Hans	4	Other Contributory Canses of importance:	1,000
(State or country)			
II 13. NAME It alter Olssens	Ki	***************************************	
14. BIRTHPLACE (city or town)		Name of operation	Date of
(State or country) Poland			here an autopsy? 200
IS. MAIOEN NAME Tunkenan	-	23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
E (State or country) Voland		Where did injury occur?	
17. INFORMANT mrs. Stanislava Olsganka		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
(Address) Bud River	Rd.		
18. BURIAL, CREMATION, OR REMOVAL	90	Manner of injury	
Place Sacret Heart of marge any 20, 1934		Nature of injury	
19. UNDERTAKER John G. Com	ielly	24. Was disease or injury in any way related to occupation of decea	sed? Zo
(Address) (Asset Ind		If so, specify	
a such as 17 - Anhan ly for	and the	(Signed) Lity The Co	
20. FILED (1997) 1997 5	Registrar.	(Address) - Exact	Zuf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death of importance were as follows Arteriosclerosis	CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	OT -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	0 1554	July 5, 1927	Peritonitis	3 days ago
1 8111	E4U V. S.			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 07997
1. PLACE OF DEATH	·
County Baltinore Md.	Registration Dist. No. 37
Village or City / Zeaver Dam.	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Thomas M. Owe	nd,
(a) Residence: No. Geaux Dam, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Orugle.	21. DATE OF DEATH Charleguest 2,94 ,193 A (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Not hum 1873	last saw h. L. 1 alive on august 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 29m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Myocardites, Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
D. Data deceased last worked at this occupation (month and spart in this occupation occupation	
12. BIRTHPLACE (city or town) Baltimore (Stata or country) Beaver Dan	Other Coatributory Causes of importance:
13. NAME John Owens. 14. BIRTHPLACE (city or town) draland (Cate or country)	Duration: not stated · Cuse
I4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Casherine Ellwood, 16. BIRTHPLACE (city or town) Seland.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
2 (State or country) 17. INFORMANT M. Jaskenran (Address) 14-kmph as Lowson and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Date Jug 4, 1934	Manner of injury
19. UNDERTAKER W. P. Brock of for (Address) Sparts not	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ang. 2 7, 19.34 William J-Chilason	(Signed) A 24 to that Ballone
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "labyer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of entlepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street care	1 week ago
Cerebral hemorrhage	July 5,1927	Persionitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteriti:	1 year
		A	
		\ 0 /	

Υ.	
1	
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No.	
20	
>	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ballinors	Registration Dist. No.
Village or City Cockeysville	No. St. Ward
Length of residence in city or town where death occurred 2 vrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Haac Watson	Palmer
(a) Residence: No.	St., Ward. Hammstead Caral Co ma
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH
nale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Par)
5a. If married, widowed, or diversed. HUSBAND of	22/ I HEREBY CERTIFY, That I attended deceased from
1. 11 15 1005	lung, 78, 1904, to 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sawh. M. alive on Cus. 48., 19.3 4; death is said
(-1) 1/ 18 f day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labours	Sarcinona M Bladder 1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 733 Iff. Total time (years) spent in this	J
year) spent in this occupation (month and 7 4 3 3 occupation des	Other Contribution Course of Imparity
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME John Valuer. 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of
15. MAIDEN NAME Stincely the Municipal	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Skizeleth Munay 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) . Many land	Where did Injury occur?
17. INFORMANT My Westson Valuer, (Address) Ever Exercise Med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place//// Low Date 1971 , 1921	Nature of injury
19. UNDERTAKER & des Stiple	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Tug & Will 1934 At Drach M. D. Registrar.	(Signed) M.D.
	2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WIT

V. S. No. 1

STATE OF MA 1. PLACE OF DEATH	RYLAND-	CERTIFICATE OF DEATH	37900
County Balla .	•	(92-0)	5
	La Marti	Registration Dist. No.	20
Village or City	(i	St. occurred in a hospital or institution, give its NAME instead of street	,Ward
Langth of residence in city or town where death occurred		ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Muliam	Dr. Vea	evec	
(a) Residence: No	letin me	St., Ward.	
	lace of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEAT	H
//	MARRIED, WIDOWED, RCED (write tha word)	21. DATE OF DEATH aug (Month) (Bay)	, 193 7
a. If married, widowed, or divorced HUSBAND of	Momen		(1001)
(or) WIFE of mollie &	ild F Crane	22. i HEREBY CERTIFY, That i attar	ndad deceased from
DATE OF BIRTH (month, day, and year)	15.1854	I last saw h an alive on alive on 19	; death is sai
AGE Yaars Months Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
79 9 20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
Trada, profassion, or particular · kind of work done, as SPINNER,			Date 01 0030
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	smer	Cabrilai react assess	2 Jan 1
work was done, as SILK MILL, SAW MILL, BANK, atc			·
10. Date daceased last worked at	tel time (years) spent in this occupation		
Bat	_	Other Cantributory Causes of importance:	
2. BIRTHPLACE (city or town)	(0-)	Can't all'fat.	
13. NAME MATONICO	int Genee	wood andan	any!
14. BIRTHPLACE (city or town)	£ C-	Name of operation Date	\(-\frac{-\frac}{-\frac{\frac{-\frac{-\frac{\frac{-\frac{-\frac{\frac{-\frac{-\frac{\frac{-\frac{-\frac{\frac{-\frac{\frac{\frac{\frac{\frac{-\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\firice}{\frac{\firice}{\fin
(Stata or country)	med.	Name of operation Date What test confirmed diagnosis? Was there	
15. MAIDEN NAME Mass Gener	Batilal-	23. If death was due to external causes (VIOLENCE) fill in also tha folio	
16. BIRTHPLACE (city or town)	ot C	Accident, suicida, or homicide? Date of injury	
* (Stata or country)	ned	Where did injury occur?	, 14
7. INFORMANT Mo 9 H S (Address)	emmon	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
B. BURIÁL, CREMATION, OR REMOVAL	caes.	Manner of injury	
Place Clymalua Data U	eq 60 ,1934	Natura of injury	***************************************
9. UNDERTAKER (Um C By (Address)	tole tom	24. Was diseasa or injury in any way ralatad to occupation of daceased	220
a de	1. ale	If so, specify (Signed) 13. 2. Shirmantum	7
O. FILEDILLEG et , 1934 Trans	Registrar.	(Addrass) Marks	nd.
If more blanks are need		TATE N. Charles Street Relimore Penneth 51 S. No.	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu5,1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(84)
County Baltimore	Registration Dist. No.
Village or City Hopewell are Stem	
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Rich and W. Whilly	95
(a) Residence: No. 515 Jomesset St	St., Ward. Ja Umole .
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (purite the word)	August 29 1934
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) August 62-1933	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.
23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	7
SAWYER, BOOKKEEPER, etc	Convulsions
work was done, as SILK MILL, SAW MILL, BANK, etc.	m 0 10 ° 0 1°
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STINMEL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	No fronther information custo
year) occupation	8 5 1935.
12. BIRTHPLACE (city or town) Ballimore	Other Coatributory Causes of importance:
(State or country)	
13. NAME Ernest Tronen 14. BIRTHPLACE (city or town) Dallimore (State or country)	
14. BIRTHPLACE (city or town) Sallimore	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Lydia Chillips 16. BIRTHPLACE (city or town) Ballimore	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Ballimore	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Agalias Phillips (Address) 5.5 Sommerset St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 13/3 Jammerset 16. 18. BURIAL, CREMATION, OR REMOVAL	Manage of Jahran
Place ashurf compone 8/31/94 19	Manner of Injury
19. UNDERTAKER By KOVI & Marrie Wickt (Address) 12. 9 718 Clause	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Comy - 29, 1934 John & Connelly Registrar.	(Signed) Jacob Hallman Coroner M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP 0 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	L PLACE OI			OF MA	RYLAND)—	CERTIFICATE OF	DEAT	H (18001
	County						(23)	eistesties Dist	No 32	
	Village or City Mt. Wilson					No. Tuberculosis	egistration Distanch Sanato	MO riumsi	Ward	
	Length of resi	dence in c	ity or town where	death occurred	O yrs. 7	_mos	death occurred in a horpital or institution, gi	ve its INAIME ins in birth?	stead of street and	mosds.
	. FULL NA		Roland							
	(a) Residen	ce: No	1219 N		Street		OujTraid.	ltimor	e, Md.	d State
	PERSON	AL AN	ID STATIST	ICAL PAR	RTICULARS		MEDICAL CERTI			
	Male		White	OR DIVO	MARRIED, WIDOWEI RCED (write the word ried	D , d)	21. DATE OF DEATH August		th (Day)	., 1934 • (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	Ca	rrie R	eck		22. I HEREBY CE December 27, 19 3	RTIFY, 3 to Aug	That I attended	d deceased from
6.	DATE OF BIRTH (month, da	y, and year) OC	tober	6th, 189	0	lest sew h_im_elive on_Aug	ust 8t	h, 1934	: death is sald
7.	AGE Year		Months 10	Days 2	If LESS that 1 day,min.	hrs.	to have occurred on the date stated above The PRINCIPAL CAUSE OF DEATH and were as follows:			
z	& Trade, profes	sion, or p	articular	0-3			were as rollows:			Date of onset
OCCUPATIO	9. Industry or b	done, es S	which	Salesm ereal	an business		Pulmonary tuberc	ulosis		Sept. 1933
1000	10 Date deseases	L, BANK, of last work of last w		3 11. To	tal time (yeers) Uspent in this kno	n- wn				
12.	BIRTHPLACE (city		Union Maryl:	Bridg and	е,		Other Contributory Causes of importance: Tuberculous lary			Jan.
2	13. NAME	Ham	ilton R	eck			rabercarous rary	ugicis		1934
FATHER	14. BIRTHPLACE (State or		Wn) Union	n Brid land	ge,		Name of operation No oper What test confirmed diagnosis? X-r		Date of	
ER	15. MAIDEN NAM	NE .	Lillian	Stult	Z		Dercle Dacilli 23. If deeth was due to external causes (VI	were fo	wes there an	sputun
MOTHER	16. BIRTHPLACE (Stete or			on Bri yland	dge		Accident, suicide, or homicide? Where did injury occur?(Sp	Date	of injury	, 19
	(Address) BURIAL, CREMATI		t. Wils	Muerson, Ma	loly		Specify whether injury occurred in INDUS	STRY, In HOME,	or in PUBLIC PL	ACE.
10.	Place Par	KW		C Date 8	///,19.	3.4	Manner of injury			
19.	UNDERTAKER (Address)	72	on po	terse	npkov	e-	24. Was disease or injury in any way relat	ed to occupation	of deceesed?	No
20.	FILEDULE	9,	19 3 4	blanks are	Registrar		(Signed) Ja Will . (Affdress) Mt.	Wilson	n, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Įį.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial neg ruis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ogo	
BUREATT	,			
Other contributor; causes of importance:		Other contributory causes of importance:	a willing	
Gollstones GRAIGORY	May 1,1923	Gastroenteritis	1 year	

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

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D	item of	plnods	of occ
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16	ENT R	TLY.	ed. Pa
SINDIA	ERMAN	EXAC	classifi
FOR BINDING	IS A PERMANENT READED. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-

		STATE	F MAR	LAND-	CERTIFICATE OF DEATH	18002
1. PLACE OF DEATH					93-0	
County Baltimore					Registration Dist. No.	
		Woodlawn	T 2 C		death occurred in a hospital or institution, give its NAME instead of street and n	
	Length of residence				ds. How long in U.S. if of foreign birth?yrsmo	sds.
2	2. FULL NAME			iblich, Sr		
Ca sepa	(a) Residence: I	No. Dogwood F	CUsual place of	lawn of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4.0	White	5. SINGLE, MARI OR DIVORCED Marr	(write the word)	21. DATE OF DEATH August 16, 1934 (Month) (Day)	193(Year)
5a.	. If married, widowed, o HUSBAND of (or) WIFE of	r divorced Elizabeth	Reiblich		22 I HEREBY CERTIFY, That I estended to	leceesed from
6.	DATE OF BIRTH (mont	th, day, end yeer) Ju	me 28, 18	53	Plast saw h im elive on cunq 15/34 19	; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et8Am.	
1	81	1 1	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer				muroaidilis	1933
	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.				Hypostates preumisia	idag
000	10. Date deceased last this occupetion year)	st worked et		me (years) t in this petion		
12.	. BIRTHPLACE (city or	town) Woodlaw		ore County	Other Contributory Causes of importance:	
	(State or country)		Maryland		arteris - scleroses	1926
HER	13. NAME	Caspar Re	eiblich			
FATHER	14. BIRTHPLACE (cit) (Stete or coun		ermany		Name of operation / Date of Date of What test confirmed diagnosis? Physical Westhere en el	itopsy?}
1ER	15. MAIDEN NAME	Amelia	?		23. If deeth was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city (State or cour		ermany		Accident, suicide, or homicide?	, 19
17.		George Reib	olich, Jr.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18.	BURIAL, CREMATION,		ti Daro Que	4.18.,19.3.4	Manner of injury	
19.	UNDERTAKER (Address)	ub ///	more St.		24. Was disease or injury/in any way releted to occupation of deceased?	10
20.	FILED 8/17/	/ ist mm	Broke	Registrar.	(Signed) Mallo State (Address) 2220 Garrison Blvd.	M. D

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The arincipal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1915	sttack of epilepsy	1 week ago
Chronic interstitial nephritis	1321	Run over by street car	1 week ago
Cerebral hemorrhage	10,5,1927	Peritopitis	3 days ago
	RUDAT	V 1 - 2	
	HEA		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 08093
1. PLACE OF DEATH	82-20
County Dallmore	Registration Dist. No.
	No. # 4 Poplar St. Ward death occurred in a hospital or inslitution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry Ricks	
(a) Residence: No. 4 Paplar are: (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Whate	21. DATE OF DEATH August 31, 193 (Year)
5a. If married, widowad, or divorced	
(or) WIFE of Olivia D. Richs	22. 1 HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and year) July 3. 1852	I last saw h aliva on Aug 27 1934; daath is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated abova, at
82 1 28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrebral Hemorileage 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occuration (month and	
U 10. Date daceased last worked at 11. Total time (years)	
11. Total time (years) spent in this occupation (month and year)	
α .	Other Contributory Causes of Importance:
t2. BIRTHPLACE (city or town) (State or country)	arterio felerosis 1930
	Willo Helling 178°
(State or country)	Name of oparation Date of
15. MAIDEN NAME	What test confirmed diagnosis?
I Mysubus	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Starry J. Richs (Addrass) 4 Publace Conf. Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVEV	M
Place Melville Chapel Date Sept 3, 1934	Manner of Injury
19. UNDERTAKER MY Mus. John W Genfel & Son	Natura of injury 24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED DUT MF. 19 3et Of Kieffer	(Signed) WSfarson. M.D.
If more blanks are needed address State Positions	(Address) LallMorpe YM 9
-, dance, address diate Actional,	2411 IV. County Street, Datimore, Requesting 'O. S. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Chronic interstitial nephritis

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9.—The industry or business in which the work was done.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset of importance were as follows:

1915

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago

Other contributory causes of importance:

Gallstones

Other contributory causes of importance:

May 1.1923

Gastroenteritis

1921

May 1,1923 Gastroenteritis 1 year

Run over by street car

1 week ago

Days

_ Date_

11. Total time (years)

spent in this

occupation ____

6. DATE OF BIRTH (month, day, and year) 4

8. Trade, profession, or particular

9. Industry or business in which

10. Date deceased last worked at

14. BIRTHPLACE (city or town) ...

(State or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVA

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

19. UNDERTAKER

20, FILED_ Q

13. NAME

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc

work was done, as SILK MILL, SAW MILL, BANK, etc ...

this occupation (month and

Months

7. AGE

NO

CUPAT

FATHER

MOTHER

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DEATH

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08004

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 10 L

OCCUPA-

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SE?			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH USUUG
1. PLACE OF DEATH	92:0
County Jalsanore	Registration Dist. No. 34
Village Dr City Spring Journ	ND. St., Ward
V	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel & Rorke	
	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mancel	21. DATE OF DEATH aug / 193 4 (Yeer)
5a. If married, widowed, or divorced HUSBAND of Mary Rorke	
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Feb. 2, 1865	llest saw h alive on 19 19 death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
69 6- 7 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Frade profession or particular	Date of onset
kind of work done, as SPINNER, of the SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Multiplication (Russian) 10. Date deceased last worked at this occupation (month and this county than the same in this contraction).	To the site of
9. Industry or business in which work was done, as SILK MILL, Multiplacian (Relaxe) SAW MILL, BANK, etc	acute Dilitation of Heart. Thou
10. Date deceased last worked at this occupation (month and year)	
10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Canadan / f. f =	antie Regungitulion
1 13. NAME Pelar Rorka	with Compensaling Hypotosphy
13. NAME Plan (Confee) 14. BIRTHPLACE (city or town) Pa	Neme of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy? ?~
15. MAIDEN NAME Many Area Laccy 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Con E Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT /My Comma Mallen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4720 Know 8/ (Ponence) Pholosophia	Manner of injury
Place Moreland Jack Date aug 22, 1934	Nature of injury
19. UNDERTAKER Henry W. Meurstfon	24. Wes disease or Injury In eny way releted to occupation of deceased?
(Address) 80 J. M. Culvert Str.	If so, specify
20, FILED Aug 19, 1934 C. 8. Fourth M. W.	(Signed) A. D. M. D.
O Registrar.	(Address) Cockensville met

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· ·	. 1.1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1800
1. PLACE OF DEATH	93-6
County / Dallinor	Registration Dist. No. 34
Village or City Beat Cley will	NoSt., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Clice Kuyston	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the) word)	21. DATE OF DEATH & Z3, 193.4 (Year)
ia. If meeting, widowed, or divorced	
(Or) WIFE OF William & Koyston	1 HEREBY CERTIFY, That I attended deceesed fi
0.014184	Nov., 1934, to Cing 23, 193
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	i last saw h & alive on Lung 20, 1934; death is s
1 day,hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which	Otervine Myrandelis fin,
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (menth and year) 11. Total time (years) spent in this occupation	
a DADWINDLAGE (Shared and Shared	Other Contributory Canons of importance:
2. BtRTHPLACE (city or town) Mary Care (State or country)	Jew aut Ochrosis ful
13, NAME Olavaher Bound	
13. NAME (Marchen Bosson 14. BIRTHPLACE (city or town) 120	
(State or country) Mary Care of	Name of operation Date of
15. MAIDEN NAME Many Starrage	Whet test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mauren	Accident, suicide, or homicide?, 19, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
(Address) Hours (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place grace alinabete aug 20,19 30	Nature of injury
9. UNDERTAKER Edel Offshlow	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hempartson Mid	If so, specify
O. FILED aug 23, 1934 C & Fowther M. LO	(Signed) Edgus M. Juste
Lercal Registrar.	(Address) Hun fistend Md

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		4.1	
Other contributory causes of importance:	- V25	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH USU	98
County Ballentise	Registration Dist. No.	
Village or City Texas	NoSt., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME POLYMANS & Chr	ella	
(a) Residence: Np. Jela	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	A STATE OF THE REAL PROPERTY AND ADDRESS OF THE
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ONGE Day 193	34 Year)
5a. If married, widowed, or divorced HUSBAND of	<u> </u>	and from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decease 1921, to CMM 19.1	024
1864 A	last saw h. 100 alive on Carry 17 / , 19 3 4; deal	th is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 45m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause of importance	
Or Frede profession or particular		e of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Qui Tai S Clarence	
mustry or business in which	TO TO TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TOTA	
work was done, as SILK MILL, State Wash	ON M. Insufficience 3	W
0 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this spent in this		1
this occupation (month and 9.31 spent in this occupation 104)	Dither Contributory Canses of importance:	0
12. BIRTHPLACE (city or town)	V	
(State or country)		
13. NAME 14. BIRTHPLACE (city or town) (State or country)		
14. BIRTHPLACE (city or town)	Name of operation Date of Date of	
(State of country)	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME WARMING	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury,	19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT CLASS Horse Record	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place almoflouse Cena Date ang 20, 1934	Nature of injury	
19. UNDERTAKER William le Brooks & Lon (Address) Sparks and	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Bacg 20, 1934 William J. Philes	(Address) Cuelsysulle M	10 Ny. 0
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. No. 1.	F

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	Example I	i	Example II		
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CER 2 100	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	52 e-1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	1000		/	
		Registration	Dist. No.	T
	No.		St.,	Ward
	death occurred in a hospital or institu			
mos.	ds. How long in U.S. if o	t toreign birth?	yrs	mos ds.
121	eley			
Rom	Ward.	Jundal	10 m	d
, W.	Wale.	If nonresiden	it give city or lown	and State
	MEDICAL C		E OF DEATH	
WED:	21. DATE OF DEATH	_	_	
word)		8	3	1934
		(Month)	(Oay)	(Year)
	22. I HEREBY	CERTIE	Y That I atten	ded deceased from
	June 73d	1034 10 6	Quarent.	-3d 1934
4.	I last saw h im alive on			
74		00	55	7 ; death is said
than	to have occurred on the date state		10 m.	
ain.	The PRINCIPAL CAUSE OF DEAT were as follows:			Date of paset
	Myocardia	& mous	Di ciono	y July 15th
7		1)	The second	July 3
6				
2				
	Other Contributory Canses of impo	ortance:		100 11
	Brouchiect	asus		1924
	Name of operation		Date (of
	What tast confirmed diagnosis?	P. S. X-Ro		
			0	
	23. If death was dua to external cau			
	Accident, suicide, or homicide?		. Date of injury	
_	Where did injury occur?	(Specify ait	or town, county and	State
	Specify whether injury occurred in	n INDUSTRY, in H	OME, or in PUBLIC	PLACE.
tall	<u> </u>			
	Manner of injury			
1934				
	Nature of Injury			
	24. Was disease or injury in any w	ay related to occu	pation of deceased	no
	If so, specify			1
	(Signed) (Caru	ree	culon	M. O.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
w REA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

V. S. No. 1

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08011
1. PLACE OF DEATH	(Norm)
County Ballingia	Registration Dist. No. 30
Village or City Nebbuille	No. Rally Rd St Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
0 0 1 0 00	sds. How long in 0-9, if of foreign birth?yrsmosds.
2. FULL NAME Charles Herbert Shar	10-
(a) Residence: No. Rolling Rd. Helbrillo. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY That Lettended deceased from
(or) WIFE of More	The state of the s
C DATE OF BIDTH (mosth day and man)	llast saw h alive on 19 death is sein
7. AGE Years Months Oays If LESS than	last saw h alive on, 19; death is seid to have occurred on the date steted above, at // Am
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or perticular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	F. Street Charles
S. Industry or business In which	traduced Skill au 12-3
work was done, es SILK MILL, SAW MILL, BANK, etc.	0,000
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Hebbuille,	Other Coutributory, Causes of Importance:
(State or country)	Jan
13. NAME Chan Herlent Chara	Allahudua
13. NAME Charlet Charlet 14. BIRTHPLACE (city or town) Ballon	Name of counting As Allah ()
14. BIRTHPLACE (city or town) Catto	What test confirmed diagnosis? Es
15. MAIOEN NAME Eleanor Stairs	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
n ch	Accident, suicide, or homicide? Accidents. Date of injury Quy 12, 1934.
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Arallem Col. Jethan Co.
Jan Plane a Class	(Specify city or fown, county and State) Specify whether injury occurred in INOUSTRY, in HOME, pr in PUBLIC PLACE.
17. INFORMANT (Address)	Cubles Real Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck by outon
Place Landon Ph Oate 5-14, 19:54	Nature of injury Fractural Shull
19 HNDERTAKER 49 - 1 Trokues + Son	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	May 1,1929	This i detail this	1 year

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BUREAU V. S.			7 9	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

RGIN

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Other contributory huses of paportaine:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
190		9			

)	ry item of infor- NS should state nt of OCCUPA.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	08014
				providence .		

:	1. PLACE OF	F DEAT	гн	1017111		- OF BEATH			
	County	Bal	timore			Registration Dist. No.	8		
	Village or Ci	ityT	owson			No. 208 Linden, Ferrage St	Ward		
	Length of resid	dence in cit	y or town where d	leath occurred	(I yrs,mos	No. 208 Linden Jerrace St., f death occurred in a hospital or institution, give its NAME instead of street and n s	umber)		
:	2. FULL NAM								
						St.,Ward.			
				(Usual place		If nonresident give city or town and	State		
	SEX			CAL PARTI		MEDICAL CERTIFICATE OF DEATH			
3.			R OR RACE	5. SINGLE, MAR OR DIVORCE	RfED, WIDOWED, D.(write the word)	21. DATE OF DEATH	4		
50	Female		ite	Marr	led	Alig. 24, (Month) (Day)	(Year)		
Va.	. If married, widowe HUSBAND of (or) WIFE of	A /	2	10		22. I HEREBY CERTIFY, That I attended d	leceased from		
	(01) 1112 01	De	my Su	ma		, 19, to			
6.	DATE OF BIRTH	month, day	, and year) ME	y 3, 18	374	I last saw h alive on, 19			
7.	AGE Year	rs	Months	Oays	If LESS than	to have occurred on the date stated above, atm.			
	60		3	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
OCCUPATION	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					Suicide by gas	Date of onset		
	SAWYER, 9. Industry or b			Housewo	rk				
	work was	done, as Si L, BANK, et	ILK MILL.	At home					
200	IO. Date decease	d last work	ked at	11. Total ti	me (years)				
_	year)	ation (mon	th and		ntin this pation				
12.	BIRTHPLACE (city (State or count	y or town)_ try)	Baltin	nore Co.	, Md.	Other Contributory Causes of Importance:			
E	13. NAME	Н	enry Ar	nreim					
FATHER	14. BIRTHPLACE		•	imore C	o. Md.	Name of operation Oete of			
-	(State or o					What test confirmed diagnosis? Was there an au			
OTHER	15. MAIDEN NAN	AE M	largaret	Knipp		23. If death was due to external causes (VIOL ENCE) fill in elso the following:			
5	16. BIRTHPLACE	(city or tow	m) Gern	any		Accident, suicide, or homicide? Date of injury			
Σ	(State or	country)		•		Where did injury occur?			
17. INFORMANT Mr. Henry Smith (Address) 208 Linden Terrace						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18.	BURIAL, CREMATI		MOVAL			Manner of injury			
	PlaceCh	estn	tit Grov	Coate Aug	27,19 34	Nature of injury			
19. UNDERTAKER Elmer W. Conklin				nklin		24. Was disease or injury in any way related to occupation of deceased?			
	(Address)	924	E. Eage	r St.		If so, specify	4		
20.	FILEO.Aug	25, 19	34 Wm	. P. Bu	tler	(Signed) IF. Poulle Coron	ew.o.		
	- u.S			De	ep. Registrar.	(Address) 1 sweets.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaly 5, 1927	Peritonitis	3 days ago
1837	19 49		
Other contributory causes of importance	DEC	Other contributory causes of importance:	
Gallstones	May 1,1923	/ Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	015
1	. PLACE OF DEATH	(131)	0
	County Callinge	Registration Dist. No.	r
1	Village or City Doots Raspeliura md.	No. 4225 Ralb Ave, st.	Ward
	Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth? VO yrs. mm	umber)
	FULL NAME LOUISE, Bertha, &	10 miles in o.s. ii of foreign birth?	osos.
1	(a) Residence: No. 4225 Stall Que,	orivitate (,,)	
	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wante the word)	21. DATE OF DEATH	11 /
	remale White Married	(Month) (Day)	, 193 (Year)
58.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
-	andrew sommers	July 19- , 19 31, 10 aug 24-	, 19 3 %
	DATE OF BIRTH (month, day, and year) Willy 11, 1858	I last saw h W alive on Clug 2 4 19 35	death is said
7. 4	Months Days If LESS than 1 day,	to heve occurred on the date stated above, etm.	
	6 yrs. one Truleen ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	CEREURAL HEMOTRAGE	1934
OCCUPATION	SAWYER, BDOKKEEPER, etc	My Lever delles	1933
CUF	work was done, as SILK MILL, SAW MILL, BANK, etc.	Neplusiter	1933
00	10. Date deceased last worked at this occupation (month and 11) 11. Total time (years) spent in this		
	year) d.g.g.d. occupation	Dther Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)		
2	13. NAME Expest Felber		
FATHER			
FA	14. BIRTHPLACE (city or town)	Name of operation Date of	
ER	15. MAIDEN NAME UNROWN	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
Σ	(State or country)	Where did injury occur?	
17.	INFORMANT Edward Q. Sommers	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
10	BURIAL, CREMATION, OR REMOVAL		
10.	Place douden Park Date aug. 28 1934	Menner of Injury	
	1000 de 70 60	Nature of injury	
19.	UNDERTAKER COLOMY O. AL RION (Address) 6 20 0. Power St.	24. Was disease or injury in any wey related to occupation of deceased?	
	FILED Carg 25, 1934, W. P. J. ther	(Signed) The Disc nucce	14 P
20.	FILED 199 73 Def Registrar.	(Address) 350 July all	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	87	Other contributory causes of importance:	
37. 3			
Gallstones	May 1,1923	Gastroenteritis	1 year
- (4)			

mation should be carefully supplied.

STATE	OF MARYLAND—CERTIFICATE OF DEATH	08016
ATH		

	1. PLACE OF DEATH ,		
- /	County Paltin or	Registration Dist. No. 30	
1	Village or City Batonousle	No. Opping Town Hosp St, Ward	
/	Length of residence in city of town where death occurred 6 yrs 5 mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
/	2. FULL NAME Seates Antes	1 Jause /NDEX BOTH	
	(a) Residence: No. 224 P. Washin's	An Of Balt NAME	-
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH	
	5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)	
	(or) WIFE of Mary Dotaski	22. HEREBY CERTIFY, That I ettended deceased from	,
9	6. DATE OF BIRTH (month, day, and year)	I last saw holine elive on Charles 1934; death is said	
icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 - A m.	
certifica	46 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	
of ce	Note that the second se	Date olonset	
	SAWYER, BODKKEEPER, etc	Carcenoma of Liver 3mo	2
back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		
uo s	spent in this		
instructions	18.01	Other Contributory Causes of Importance:	
uct	12. BIRTHPLACE (city or town)	9 000	
nstr	I 13. NAME ma ces Adtaskis.	Teresal laracypes	
	14. BIRTHPLACE (city or town) Prices	Name of operation	3
See	(State of Country)	What test confirmed diagnosis? Wes there an autopsy?	
ınt.	15. MAIOEN NAME Magdelen Waczack 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fit! In also the following:	
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)	
very	17. INFORMANT Many Clotachia (Address) 224 2. San Shan Standard	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
is v	18. BURIAL, CREMATION, OR REMODAL	Manner of Injury	
	Place Trong I Tolky Date Will 1997	Nature of injury	
TION	19. UNDERTAKER Milliam Liaes oweld	24. Was disease or injury in any way related to occupation of deceased? 20-	
3	(Address) /6/8 Castery law	If so, specify	
	20. FILED 018, 1934 Of Canadasa. Registrar.	(Signed) / BOJ · C Jarrett M. D.	
-	Acgorat.	(1000) - COCO POND - A-A A- O (

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis (5)	1 year
		1	
		2 2 0	

Exact statement

properly classified

information should be carefully supplied, state CAUSE OF DEATH in plain terms.

OCCUP

S

HEALTH DEPARTMENT—GETY OF

1		
	CERTIFICAT	E OF DEATH (F3)
	1. PLACE OF DEATH	Registered No. 38
	CAKE Roland	St. Baltaran Miles (If death occurred in hospital or institution
	V-2	give its NAME instead
1	Length of residence in city or town where death occurred yrs	mosds. How long in U. S. If of foreign birth?yrsmosds
	2. FULL NAME W- Booth Staley	
1	16218 Rala d	Oun
1	(a) Residence: No. 73/8 (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3. SEX 4. Color or Racc 5. Single, Married, Widowed,	0 ~4
17.73	or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1934 22. I HEREBY CERTIFY, That I attended deceased from
100		
5	HUSBAND of	I last saw h alive on 19 Death is said
Length of residence in city or town where death occurred tyres. mos. di 2. FULL NAME (a) Residence: No. 43/8 Roland (usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Racc (or) Wife of 5a. If married, widowed, or divorced (write the word) (or) Wife of 5a. If married, widowed, or divorced (HUSBAND of (or) Wife of 5a. DATE OF BIRTH (month, day, year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 2/ or min. 2/ or min. 3. Sex 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, heigh School 10. Date deceased last worked at this occupation (month and occupation (month and occupation) 12. BIRTHPLACE (city or town) 3. Staley Name of What test 13. NAME 3. Staley Name of What test 14. BIRTHPLACE (city or town) 15. MAIDEN NAMEMarious 3. Gaulding Name of What test 16. BIRTHPLACE (city or town) Name of What test 16. BIRTHPLACE (city or town) Name of What test 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Name of What test 16. BIRTHPLACE (city or town) 17. AGE 18. Color of Racc 18. Color of Racc 19. Date deceased last worked at this occupation Name of What test 19. Maiden NAMEMarious 19. Gaulding Name of What test 19. Maiden NAMEMarious 10. Color of Name of What test 11. Total time (years) Spent in this Occupation Name of What test 19. Maiden NAMEMarious 19. Barthplace (city or town) Name of What test 19. Maiden NAMEMarious 10. Color of Name of What test 11. Birthplace (city or town) Name of What test 11. Birthplace (city or town) Name of What test 12. Birthplace (city or town) Name of What test 19. Color of Name 19. Date of Name 20. Date of Name 21. Date of Name 22. Date of Name 22. Date of Name 23. Date of Name 24. Date of Name 25. Single Married, Widowed 26. Date of Name 27. Date of Name 28. Date of Name 29. Date of N		to have occurred on the date stated above, nt
Da		The principal cause of death and related causes of
5		importance were as foliows:
211		Drowning (Uccidental)
177	8. Trade, profession, or particular kind of work done, as spinner,	I Joh Poland
3	sawyer, bookkeeper, etc	Ju June June
	work was done, as silk mill, high school	
200	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
	year) occupation	other contributory causes of importance;
	12. BIRTHPLACE (city or town).	
	2 2 2	
3	13. NAME 4/ = 13. STakey	Name of operation
2	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
ACI	2000	23. If death was due to external causes (violence) fill in also the following:
	15. MAIDEN NAMPHanou J. Jaulding	Accident, suicide, or homicide?Date of injury
3	5 16. BIRTHPLACE (city or town) Que cin safti	Where did Injury occur?
	(State of country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
4	IT INFORMANT 9. Val /200 TAX	

(Address)

CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

(Address).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
The state of the s			

M. D. B. 1268-9		

	Every item of infor- MANS should state ement of OCCUPA-	
OR BINDING	A PERMANENT RECORD. ted E X A C T L Y. PHYSIG operly classified. Exact statificate.	3. 5a 6. 7.
TARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3. 7 5a 6. 7. NOTHER FATHER 113
V. S. No. 1	B.—WRITE PLAINLY, W mation should be careft CAUSE OF DEATH in TION is very important	IS MOTHER
× .	z(T)	20

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	08018
County Gallimone		Registration Dist, No.	35-
Village or City Rays Lelle		_No	St., Ward
Length of residence in city or town where death occu		death occurred in a hospital or institution, give its NAME instead of st 	
2. FULL NAME Elizabeth	va. Stiff	ller	
(a) Residence: No. Ray Ville	Paltimore, la	Ward. If nonresident give city or t	own and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
Female White or of	LE, MARRIED, WIDOWED, 1VORCED (durite the word)	21. DATE OF DEATH 2500)	, 193 (Yeer)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. S.	telfler	22. I HEREBY CERTIFY, That I a	attended deceesed from
6. DATE OF BIRTH (month, dey, and year)	43,1855	I last saw h No alive on Quy 25	1934; death is sald
7. AGE Yeers Months	If LESS than 1 day,hrs.	to have occurred on the date stated above. 4t	nce
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	sewyle	Mrsufficiency	1733
10. Date decesed last worked et this occupation (month end year)	1. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltimo	re, bounty	Dther Contributory Causes of importance: Atribate	trak
(State or country) Maryl	and	nephretis	193
13. NAME Alfeld Coople 14. BIRTHPLACE (city or town) (State or country)		Name of operation.	Date of
(otate of country)	land	Whet test confirmed diagnosis? Laluncal Wes t	there an autopsy?
15. MAIDEN NAME SLAMA 16. BIRTHPLACE (city or town)	ampehire	23. If death wes due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injur	
State or country)	land	Where did injury occur?	
17. INFORMANT MV GUY Stiff (Address) ROUBERT MARKET	Kles	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	y and State) IBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPRIES GOVE, Ballolog	Bug. 28, 1934	Manner of injury	
19. UNDERTAKER CALLOY STATES	ler Inc.	24. Was disease or injury in any way related to occupation of dece	esed? No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE PROPERTY SAME			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

CAUSE TION is

19. UNDERTAKER (Address)

UPA.

should f OCCI

item

If more blanks are needed, addy ss State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

Neture of injury.

If so, specify
(Signed)

(Aødress) ___

24. Was disease or injury in any way related to occupation of deceased?

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		and .		
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should state of OCCUPA-

7. PHYSICIANS
Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND-CERTIFICATE OF DEATH , 08020

1. PLACE OF DEATH	92-20
County Baltimore	Registration Dist. No. 32
Village or City Pikesville, Md.	No. St., Ward
langth of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mostsmosds.
Was A Chana	
COC Minamed Amenda	St Ward Baltimore, Md.
(a) Residence: No. 505 Edgewood Avenue (Usual place of abode)	St., Ward. Balt imore, Ma. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WI OR DIVORCED (Twite to Married	DOWED. 121. DATE OF DEATH August 24th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda M. Stone	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 1st, 189	O
7. AGE Years Months Days If L	SS than to have occurred on the date stated above, at some time after
44 1 23 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. Dispatche	Found deed in nerked Automobile
kind of work dona, as SPINNER. SAWYER, BODKKEEPER, etc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (prophese).	
1D. Date deceased last worked at this occupation (new 124) 34 spent in this occupation (report) 34 occupation	2 yrs.
12. BIRTHPLACE (city or town) Baltimore (Stata or country) Md.	Olher Contributory Causes of importance:
13. NAME Arthur Stone	
13. NAME Arthur Stone 14. BIRTHPLACE (city or town) (Stata or country)	Name af operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Data of injury
2 (Stata or country) 17. INFORMANT Mrs. Freda M. Stone (Address) 505 Christian Cal	Whera did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlacLoudon Park Date Aug. 28	Manner of injury Nature of Injury
19. UNDERTAKER Hughes & Jones (Address) 4774 M. Broadway	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CLEAG 76, 1934 M. JOJ	(Signed) Christian lot Coroner M. D. (Address) Pikesville, Md.

V. S. No. 1

B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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of the principal cause. Under other contributory ca Example I	tuses of impo	Example II	Examples:
The principal cause of death and related causes of importance were as follows:	Date of onset*	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 2	
		And The State of t	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis &	1 year
			1
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	7

Village or City Deeckalk (No. 221	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Criple, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH OUL 9 / 100
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 7 3 492 that I last saw h alive on 192
7 AGE If LESS than day firs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER as Digumens 11 BIRTHPLACE OF FATHER AS . Digumens	(Signed) (Address) M, D.
(State or bountry) 12 MAIDEN NAVE OF MOTHER MANY and Harner 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmos,ds, Under the Stateyrsds, Where was disease contracted,
(Informant) Co. Access (Address) Decessall. MJ	Former or usual residence purial OR REMOVALA DATE OF BURIAL Mrownykulo Lovella Granding Control of
Filed \$19/3 US2 Amlauring Registral	20 UNDERTAKER ADDRESS / 34
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, cough; Chronic and consequences (e. g., sepsis, etc. The valvular heart disease; Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08022
1. PLACE OF DEATH	91a
County Ballimore	Registration Dist, No. 44
Village or City Hyed Park, Stern	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME James a. Thomas	
(a) Residence: No. Hued Cark	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Male Colored Married	21. DATE OF DEATH 9th 193.4 (Year)
5a. It married, widowed, or divorced HUSBANO ot	
(or) WIFE of Oleatha Ihomas	22. I HEREBY CERTIFY, That I attended deceased from
1 2	
6. DATE OF BIRTH (month, day, and year) June 13" 1897 7. AGE Years Month Days It LESS than	to have occurred on the date stated above, atm.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- Val. Trade, protession, or particular	were as tollows: Valvular Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Laborer	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Heart Hisease
SAW MILL, BANK, atc	. 1.
this occupation (month and spant in this occupation occupation	14 14 to
	Other Contributory Causes of importance:
(Stata or country) Wexandria (ta	
13. NAME James Thomas	4
14. BIRTHPLACE (city or town) Va	Name of operation
(State or country)	What test confirmed diagnated was there an autopsy?
15. MAIOEN NAME Unknown	23. It death was due to a causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city of town). Vac	Accidant, suicide, or homeide?
(State or country)	Where did Injury occur?
17. INFORMANT aleothow Thomas (Address) Hued Jark, Stemmers Pun	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRENATION, OB REMOVAL	Manner of injury
Place Slephen Um Oate Chy 3, 1934	Nature of injury
19. UNOERTAKER PUTCHT MICE	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO aug. 13, 19 3 + John G. Connelly	(Signed) Jacob Mallman Coroner M.D.
If more blanks are needed address State Position	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
., more viunas ure necucu, audress State Registrat,	#41 11. Chanes Street, Dammore, Requesting 'O. S. IVO. 1.

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Chronic interstitiat ne Meritis	921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

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969 7 ISM		<u> </u>	
Other contributory causes of importance:		Other contributory causes of importance:	
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item

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
CEP U IVI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

ARGIN

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Example I	į.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	

08036

1. PLACE OF DEATH	(02)
County Baltimore	Registration Dist. No. 38
Village or City Towson, Maryland	No. Sheppard& Enoch Pratt Hospitel Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurred	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Rederelt bi	Malin Weber
(a) Residence: No. 30/ Broadway (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
HUSBAND of Corp. Widowed, or divorced HUSBAND of Corp. WHEE of Cicigusta Weber	22. HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Quine 28, 186	Hast saw h. a alive on // Schurft 1, 193 4; death is sale
AGE Years Months Days If LESS to 1 day,	
8 Trade profession or particular / Covid of 8	n. were as follows: Date of onset Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this cocuration (mash and	734
D. Date deceased last worked at this occupation (month and years) year) 11. Total tima (years) spent in this occupation	44
12. BIRTHPLACE (city or town) // In Street.	Other Contributors Causes of importance Sclenses luling.
	Learle Concertes hustion
13. NAME (Luten Veber 14. BIRTHPLACE (city or town) Lemany:	Name of oparation Date of Was thera an autopsy?
5 15. MAIDEN NAME - Mars days	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME - Manager 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Hospital recards (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Hamples Ph. Date Ang 12 19	Manner of injury
	Nature of injury
9. UNDERTAKER Nom Q. Feiser (Address) Henry Dry Park	24. Was disease or injury in any way related to occupation of deceased?

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write home.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			I

County Battinge	Registration Dist. No.	
Village or City & agenire	No. St., Ward	
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.	
Length of residence in city or town where death occurredyrsmos	sas. now long in 0.5.11 of foreign birth?yrsnos	
2. FULL NAME Stillown esotoris	Ka	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Thit OR DIVORCED (write the word)	Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from	
1 -13-102.6	, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	i last saw h; death is said to have occurred on the date stated above, atm.	
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	la i e	
9. Industry or business in which work was done, as SILK MILL,	Stilling,	
SAW MILL, BANK, etc.	- (premuture)	
- this occupation (month and		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country)		
13. NAME track Thesolvosts		
13. NAME Tack The solved 14. BIRTHPLACE (city or town)	Nama of operation Oate of	
(State or country)	What test confirmed diagnosis? Was there an aulopsy?	
15. MAIOEN NAME Victoria Wistateles	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Vietoria Widateher 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19	
∑ (State or country)	Where did Injury occur?	
17. INFORMANT Hasky M. Janushal (Address) Espense Ma	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place Holy Posan Date aug 14 1936	Nature of injury	
19. UNDERTAKER John m Weber	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 401 Sychester A Ba	Ly U.So. specify of	
20. FILEOURG 14th, 1934/ All Germien M. Registrar.	(Address) & Comment Md M. [
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M1 1000	Other contributory causes of importance: Gastroenteritis	
Guisiones	May 1,1923	anstroenterius .	1 year

1	7	
	So.	
	'n	
1	>	

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1. PLACE OF DEATH	95-3
County Dallignorry	Registration Dist. No. 38
Village or City duthasvilla	No
Length of residence in city or town where death occurred 2 2 yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number)
4	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME danta Wilst	
(a) Residence: No. West Collection (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tanala Colosa OR DIVORCED (write the word)	aug 11 103 4
a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Sos Stillsone	22. I HEREBY CERTIFY, That I attanded daceasad fi
J 200000	, 19, to, 19
DATE OF BIRTH (month, day, and year) Unknown fel. 1870	I last saw h; death is
AGE Years Months do Days If LESS than 1 day,hrs.	to hava occurred on tha date stated above, atm.
64 - LD TEBY Ruow or min.	were as follows:
Trade, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of on
	Propable Cardiac aug!
work was done, as SILK MILL, SAW MILL, BANK, etc	(1) 1/ 1/
10. Date deceased last worked at 11. Total time (years)	Wilasalion
this occupation (month and aug 11 spant in this occupation occupation	
PIDTIDI ACE (SIN TAKE)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	this woman was droning
13. NAME SO 5 - 5 - 1 - 1 - 1	and went to day dought
13. NAME So S Smith 14. BIRTHPLACE (city or town) - A A A A A A A A A A A A A A A A A A	and cura interments
14. BIRTHPLACE (city or town) (State or country)	Name of operationDate of
15. MAIDEN NAME ACA ZIAR BUILDER	What tast confirmed diagnosis?
- The story	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
9-11-11	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
DUDIAL ODGMATION OF PERSONAL A	Manner of injury
Place Cuba Church y and.	Nature of Injury
Som Be had	
O. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
8/1/2000 2000	If so, specify (Signer) (Signer)
D. FILED Of 1954 G' Me Sacou	M. M

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Cerebral hemorrhage	July 5,1327	Peritonitis	3 days ago
	2		
Other contributory causes of importance		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year
Letter filed August 2	9. 193	under Mr. E. T. Bryan, JP	
authorizing age corre	ction.	_ I	

De a B. Stogu of Seminary aux Luther wells was
No a Jose of Semmary los Luther wells was
Called and after Examination Pronounced
Loura Wilson head.

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08029
1. PLACE OF DEATH	
County Ballingere	Registration Dist. No.
Village or City Reis ters From	NoSt., Ward
Length of residence in city or town where death occurred 4. 3 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
0. 19.4// 0.	How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME demand Wilber Un	-g.M.
(a) Residence: No. Rue (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male While OR DIVORCED (write the word)	aug 20 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF Margaret 1. Penny	22. I HEREBY CERTIFY, That I attended deceased from
11 12 12 - 1	Jug. 19 , 10 9 , 10 Jug 20 , 1934
6. DATE OF BIRTH (month, day, and year) 8 4 + 16-26. 7. AGE Years Months Days If LESS than	I last saw h / / A alive on 1954; deeth is said
1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, Fr armer	Toeseland hemoure
9. Industry or business in which	Charles and the second
10. Date deceased last worked et this occupation (month end) 11. Total time (years) spent in this occupation occupation occupation.	
year) occupation 0.0 40.	Other Contributory Coases of importance:
12. BIRTHPLACE (city or town) Danie on.	Alpertension of
(State or country) md	preteroselessis
13. NAME Samuel bright.	
14. BIRTHPLACE (city or town) Barriary (State or country)	Name of operation
15. MAIDEN NAME & Brigh Com It andres	What test confirmed diagnosis? Was there an autopsy?
4 200, 0.00	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
a Com a da interior	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The demand and the land	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cistrary Cemblorypate Cing. 22, 1934	Nature of injury
19, UNDERTAKER Bergman + Lone.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Reis Exactory md.	If so, specify QQ / All 11
20, FILED Chery 1/ 1974 Jornses 2	(Signed) And J. Jaffey M. D.
1	1 / (ces/entown m)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting . S. No. 1.

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